Selections from the Records of the Madras Government.

No. LVII.

ANNUAL REPORT

OF THE

CIVIL DISPENSARIES,

FOR THE OFFICIAL YEAR 1874-75.

PUBLISHED BY AUTHORITY.

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No. 142.

OFFICE OF SURGEON-GENERAL,
INDIAN MEDICAL DEPARTMENT,
FORT SAINT GEORGE, 10*th March* 1876.

From

SURGEON-GENERAL E. G. BALFOUR,
Surgeon-General,
Indian Medical Department,

To

The Chief Secretary to Government,
Public Department.

SIR,—I HAVE the honor to submit, for the information of the Most Noble the Governor in Council, a report on the working of the Civil Hospitals and Dispensaries in the Madras Presidency during 1874-75.

2. SEASONAL PHENOMENA.—In the month of May 1874 a cyclone swept over the city of Madras and neighbouring districts, and was attended by a heavy fall of rain. Although severe for a short time, this storm caused comparatively little damage. In the months of September and October 1874 the rainfall was unprecedentedly heavy, and the resulting floods caused serious damage to railway lines and public works. The fall was greatest in the Kistna, Kurnool, Nellore, Cuddapah, Chingleput, and South Arcot Districts, and considerable injury was done to crops in some quarters. Taking the Presidency as a whole, the rainfall was much above the average.

3. NECESSARIES OF LIFE.—The returns from crops were generally above the average, and the prices of articles of food declined in most districts.

4. The total number of deaths reigistered during 1874-75 was considerably in excess of those which occurred in 1873-74, the actual figures being as follows :—

Years.	Deaths.
1873-74	487,374
1874-75	526,053
Increase of mortality in 1874-75 ..	38,679

Of this excess, 24,528 deaths were due to fever, a disease which since several years exceeds all others in its general prevalence and

mortality in this Presidency. It is difficult to explain why fever should have been so much more rife during recent years, but it is possible that the apparent increase may be partly due to more perfect registration. But taking this into account, it is still very evident that, in spite of the improvements which have been effected, much yet remains to be done in the way of securing better conservancy, purer water-supply, and more efficient drainage in towns and villages. It is also evident, that the clothing and housing of a large portion of the population are not such as to afford them sufficient protection from vicissitudes of temperature and other noxious influences, which predispose to febrile attacks. At the same time it is gratifying to feel, that the sanitary measures now in operation must in course of time effect great improvements in the health and comfort of the people, and together with education gradually lead them to a better appreciation of personal hygiene.

The deaths in this Presidency from the principal diseases and general causes during the four past years were as follows :—

Years.	Total Deaths.	Cholera.	Small-pox.	Fever.	Other Causes.
1871-72	428,317	10,363	23,740	184,462	209,752
1872-73	511,977	11,788	45,934	224,156	230,099
1873-74	487,374	375	52,950	210,875	223,174
1874-75	526,053	277	35,644	235,403	254,729

The great immunity from cholera which was enjoyed during the past two years was very remarkable. It will be observed also, that in 1874-75 there was a marked decline in small-pox, the actual decrease in deaths having been 17,306.

5. Cholera.—This disease did not prevail anywhere in the Madras Districts in an epidemic form. A slight outbreak in Ganjam cannot be characterised as such, for only 184 cases occurred there. The other cases occurred mostly in North Arcot, South Arcot, and Malabar. Table D in Appendix gives a statement of 13 cases of cholera treated in the several dispensaries.

6. Fever.—The mortality from this disease was in excess of that for the previous year, in nearly all the districts of the Madras Presidency. To this general remark the Godávery, Kistna, and Nellore Districts are exceptions as in these somewhat fewer deaths occurred. The increase was most marked in Cuddapah, North Arcot, and Tinnevelly. The districts showing the highest rates of mortality per

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thousand of population were Cuddapah, Kurnool, Salem, North Arcot, and the Neilgherries. The rates in these were as follows:—

Districts.	Ratio per 1,000.
Cuddapah	15·5
Kurnool	14·3
Salem	12·6
North Arcot	12·02
Neilgherries	11·2

7. SMALL-POX prevailed more or less in every district, but to a considerably less extent than during the previous year. The districts showing the largest number of deaths were South Arcot, North Arcot, Salem, Chingleput, and Tinnevelly, but the ratio of deaths per thousand of inhabitants was greatest in Malabar, Chingleput, South Arcot, Salem, and North Arcot.

8. GENERAL WORKING OF THE INSTITUTIONS.—The Medical Officers and subordinates in charge of the civil hospitals have generally discharged their duties, with zeal and efficiency. During the year twelve new dispensaries were opened in the following localities:—

Ahtoor.	Herpunhully.
Bhowany.	Kadiri.
Bimlipatam.*	Tiruchuly.
Cheyralah.	Trinomalay.
Darampoory.	Vinnukondah.
Datchapully.	Vythery.

On the 31st March 1874 the number of hospitals and dispensaries in operation was 110,† and adding to this the 12 opened subsequently, gives a total of 122 for 1874-75. The distribution of these in the several medical administrative circles was as follows:—

Presidency and Northern Districts	44
Southern District and Malabar and Canara	60
Mysore and Ceded Districts	16
Hyderabad Subsidiary Force	1
Nagpore Force	1
Total ...	122

The opening of other new institutions has been prevented by the country not possessing medical men sufficient to take charge of them. The Madras College has not educated a sufficient number to supply

* Private dispensary taken charge of by Government on the 17th December 1875, and subsequently transferred to the Municipality.

† Oossoor omitted last year.

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the wants of the several districts. The advantages offered by these benevolent institutions seem to be well appreciated by the people.

9. STATISTICS OF SICK TREATED.—The total numbers treated as in and out patients during the past official year, and in 1873 are here contrasted.

—	1873.		1874-75.	
	In.	Out.	In.	Out.
Europeans and East Indians	2,928	27,027	3,340	32,987
Natives	19,222	459,172	23,651	588,552
Total ...	22,150	486,199	26,991	621,539

The above figures show an increase of 4,841 *in*-patients and 135,340 *out*-patients—total 140,181 in favor of 1874-75. The numbers treated in the new hospitals opened in 1874-75 were as follows:—

—	Europeans.		Natives.		Total.	
	In.	Out.	In.	Out.	In.	Out.
	T.	T.	T.	T.	T.	T.
Ahtoor	...	25	...	1,198	...	1,223
Bhowany	5	...	3	213	8	213
Bimlipatam	26	...	207	...	233	...
Cheyralah	...	...	...	267	...	267
Darampoory	...	...	...	2,924	...	2,924
Datchapully	...	...	...	940	...	940
Herpunhully	...	7	2	218	2	225
Kadiri	...	22	...	855	...	877
Tiruchooly	...	No return received.				...
Trinomalay	...	...	...	3,139	...	3,139
Vinnukondah	...	...	...	564	...	564
Vythery...	...	20	66	515	66	535
Total ...	31	74	278	10,833	309	10,907

Table C in Appendix gives full details as to the numbers treated during the year, and any increase or decrease which may have taken place in the several institutions.

10. DISEASES TREATED.—In Table E in Appendix will be found full information as to the diseases which came under treatment. Some of the details are interesting, and may here be briefly noticed. Thus the numbers* treated for ague amounted to 68,281, for febricula to 13,619, and for simple continued fever to 5,479. Of enteric (typhoid)

* These figures embrace all castes and both in and out patients.

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fever there were 28 cases, one-half of which occurred amongst Europeans and East Indians and the other in Natives, a distribution indicative of the greater liability of the European race to this fatal disease, taking into account the relative numbers of the two classes. Rheumatism also, it will be observed, contributed largely to the admission list. The number of cases of syphilis was comparatively small, taking into account the well-known prevalence of this disease in India. It will be observed, too, that the number of admissions for secondary syphilis was in excess of that for the primary form. The secondary disease usually causes much general ill health, and is therefore more likely to compel the sufferer to seek relief. Of leprosy there were 2,331 cases, of which 73 occurred amongst Europeans and East Indians, and 2,258 amongst Natives. The numbers under epilepsy amount to 806, and are therefore, considering the relative frequency of the disease, somewhat out of proportion to the admissions for other diseases of the nervous system. The explanation of this will, I think, be found in the fact, that epilepsy is a disease which rarely comes spontaneously to a favourable termination, and which is utterly intractable to any form of treatment known to native practitioners. The number of cases of conjunctivitis is no less than 27,346 and that of inflammation of the ear is also large, amounting to 15,883. Diseases of the circulatory system presenting were not numerous. On the other hand there was a large number of admissions for respiratory affections, those for bronchitis alone numbering 15,418. The complaints embraced in the group "diseases of the digestive system" are of a very miscellaneous character, and, as might have been expected, the diseases of the more important digestive viscera are very numerous, owing to the coarse and indigestible fare on which many of the poorer classes subsist. Thus of dyspepsia there were 28,673 cases, of dysentery 10,109, of diarrhœa 13,031, and of constipation 74,626, not to mention 11,603 of colic. The number of cases of skin diseases was also large, and the chief forms were itch, ulcer, herpes, psoriasis, and eczema. The cases of elephantiasis amounted to 574, and of these 43 patients were of the European and East Indian class, and 531 Natives. The numbers of patients treated for intestinal worms were large, there having been 1,644 cases in and out of Europeans and East Indians, and 27,350 in and out of Natives. There are 1,820 cases entered under the heading "poisoned wounds," and of these 51 were due to snake bite. Of ordinary wounds 13,114 came under treatment, and there were 24 gun-shot wounds, all of which occurred in Native patients. For fractures of various kinds there were 1,591 and for dislocation 403 admissions. The total number of deaths amongst European and East Indian patients during the year was 136, giving a percentage of 4·07 to the total number of in-patients treated, while amongst Natives the deaths numbered

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1,928, and are in the ratio of 8·15 per cent. to total treated. A reference to Table M will show that the average death-rate amongst in-patients was 16¼.

11. SURGICAL OPERATIONS.—In Table F will be found a summary of the 1,423 surgical operations performed during the year. Of the 4 European in-patients operated on 1 died, giving a death-rate of 25 per cent., and of the 260 Native patients operated on 12 died, giving a percentage of 5. The results as regards Native patients were somewhat more favourable than in 1873, the death-rate subsequent to operation in that year having been 5·81.

12. In Table G in appendix it is shown, that the average daily sick in each hospital numbered 15·15, and that the average period during which each patient remained in hospital under treatment was 11½ days. In Tables H to L inclusive will be found in detail information on the following points as regards the economical management of the several institutions:—

H. Average cost of dieting each in-patient.
I. Average cost per in-patient.
K. Average cost of medicines for each patient, *in* and *out*.
L. Average cost of wines and spirits for each in-patient.

13. FINANCE.—The financial statement affords full information as to the capital, income, and expenditure of every hospital. The invested capital on the 31st March 1875 amounted to Rs. 4,59,686-8-3, while on the 31st December 1873 it stood at Rs. 4,71,785-0-3, showing a decrease during the fifteen months of Rs. 12,098-8-0. This reduction was caused by the withdrawal of Rs. 10,631-13-4 at Trichinopoly and Rs. 1,000 at Munjiri for building purposes, and of various smaller sums at other places for repairs, &c. The total cost of working the whole of the Civil Hospitals in 1874-75 was Rs. 5,90,687-14-0 against Rs. 4,97,874-13-10 in 1873. The several heads of income and the amounts realised under each, during the two past years, were as follows:—

——	1873.			1874-75.			Increase in 1874-75.			Decrease in 1874-75.		
	RS.	A.	P.	RS.	A.	P.	RS.	A.	P.	RS.	A.	P.
From Government ..	2,65,364	8	5	2,46,872	7	0	..	..	..	18,492	1	5
Municipal and Local Funds.	1,49,005	6	7	2,69,883	4	2	1,20,877	13	7	..	..	..
Local sources	29,988	12	7	27,753	4	5	..	..	..	2,235	8	2
Interest on capital ..	22,025	0	5	18,163	10	2	..	..	..	3,861	6	3
European donations and subscriptions.	11,116	11	0	14,950	13	4	3,834	2	4	..	..	..
Native donations and subscriptions.	14,922	8	8	21,752	14	4	6,830	5	8	..	..	..
Sale of medicines ..	4,954	15	9	5,169	0	0	214	0	3	..	..	..
Total..	4,97,377	15	5	6,04,545	5	5	1,31,756	5	10	24,588	15	10

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Returns were not received from three stations, *viz.*, Nazareth, Tellicherry, and Tiruchooly, and I am therefore unable to exhibit their financial condition in the general statement.

14. PRESIDENCY CIVIL HOSPITALS.—The following tabular statement shows the number treated in 1873 and 1874-75, as also the increase and decrease in 1874-75:—

Hospitals.	Treated in 1873.	Treated in 1874-75.	Increase over 1873.	Decrease under 1873.
Black Town, North Side	8,999	9,643	644	...
Do. Royapoorum Missions ...	17,820	19,815	1,995	...
General Hospital	14,276	15,608	1,332	...
Lying-in Hospital Dispensary, ...	11,129	10,053	...	1,076
Triplicane	19,832	21,598	1,766	...
Vepery	7,691	10,143	2,452	...
Eye Infirmary	2,497	3,080	583	...
Female Asylum	83	241	158	...
Leper Hospital	266	343	77	...
Lying-in Hospital Midwifery ...	1,239	1,230	...	9
Male Asylum	161	121	...	40
Native Infirmary	1,984	2,031	47	...
Total ...	85,977	93,906	9,054	1,125

Total net increase 7,929.

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The following table shows the working of the Presidency institutions during the past ten years :—

ble showing the Number of Admissions of In and Out Patients among Europeans and Natives in the undermentioned Presidency Hospitals from 1865 *to* 1874-75.

—		1865.	1866.	1867.	1868.	1869.	1870.	1871.	1872.	1873.	1874-75.	Total.
General Hospital ...	In-patients.	1,827	2,716	2,668	2,958	2,628	2,444	2,566	3,368	2,966	3,373	27,514
	Out do. ...	2,975	3,753	5,187	6,462	6,531	7,659	7,676	8,687	11,066	12,010	72,006
Eye Infirmary	In do. ...	308	324	294	270	266	281	312	257	311	388	3,011
	Out do. ...	1,735	1,774	1,831	2,235	2,295	2,069	1,802	1,810	2,099	2,591	20,241
Black Town Dispensary	In do. ...	...	...	...	...	...	...	...	...	...	...	...
	Out do. ...	6,229	7,365	7,191	7,165	6,136	7,881	8,906	8,320	8,942	9,608	77,743
Triplicane	In do. ...	378	503	473	472	428	421	457	786	714	893	5,525
	Out do. ...	16,412	14,811	14,574	14,552	13,368	12,777	14,710	15,475	18,885	20,390	155,954
Native Infirmary ...	In do. ...	1,386	1,590	1,185	1,390	1,542	1,776	1,593	1,865	1,932	1,971	16,230
	Out do. ...	...	...	...	...	...	...	...	...	...	...	...
Lying-in Hospital Dispensary.	In do. ...	61	101	145	234	251	224	258	215	232	263	1,984
	Out do. ...	8,891	9,124	10,597	8,515	7,533	8,518	9,476	8,921	10,754	9,622	91,951
Do. Midwifery	In do. ...	1,349	1,208	1,099	1,483	1,360	1,324	1,346	1,370	1,212	1,217	12,968
	Out do. ...	...	...	...	...	...	...	...	...	...	...	...
Vepery	In do. ...	...	...	...	...	536	717	748	888	984	931	4,804
	Out do. ...	...	...	...	...	5,995	4,544	3,127	3,720	6,670	9,098	33,154
Total ...	In do. ...	5,309	6,442	5,864	6,807	7,011	7,187	7,280	8,749	8,351	9,036	72,036
	Out do. ...	36,242	36,827	39,380	38,929	41,858	43,448	45,697	46,933	58,416	63,319	451,049

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In the annexed table will be found details of the cost of working the several Presidency Hospitals during 1873 and 1874-75.

Table showing some details of the Presidency Hospital Expenditure.

Hospitals.	1873.									1874-75.								
	Expenses.			Hospital Stoppages recovered.			Net Cost.			Expenses.			Hospital Stoppages recovered.			Net Cost.		
	RS.	A.	P.	RS.	A.	P.	RS.	A.	P.	RS.	A.	P.	RS.	A.	P.	RS.	A.	P.
Black Town North Side	1,804	1	10	...	...	...	1,804	1	10	924	14	2	...	...	...	924	14	2
Triplicane	8,745	10	11	...	...	...	8,745	10	11	13,549	15	9	...	...	...	13,549	15	9
Vepery...	14,805	7	1	...	...	...	14,805	7	1	17,654	14	7	...	...	...	17,654	14	7
Eye Infirmary	25,777	9	7	15	10	0	25,761	15	7	26,391	14	11	155	13	0	26,236	1	11
Female Asylum ...	1,120	1	1	...	...	...	1,120	1	1	1,194	5	3	314	11	11	879	9	4
General Hospital ..	1,19,563	7	6	5,961	15	0	1,13,601	8	6	1,17,696	6	4	4,263	10	0	1,13,432	12	4
Leper do. ...	16,473	4	2	...	...	...	16,473	4	2	19,512	1	10	...	...	...	19,512	1	10
Lying-in do. ...	31,542	13	6	793	9	0	30,749	4	6	43,412	7	7	1,471	1	6	41,941	6	1
Male Asylum	12	4	7	...	...	...	12	4	7	122	8	0	...	...	...	122	8	0
Native Infirmary ...	10,497	9	2	...	...	...	10,497	9	2	12,277	11	10	...	...	...	12,277	11	10
Total ...	2,30,342	5	5	6,771	2	0	2,23,571	3	5	2,52,737	4	3	6,205	4	5	2,46,531	15	10

Increase in net cost above that of 1873 is Rupees 22,960-12-5.

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APPENDIX.

ADONI.

Extract from Medical Report by First-class Hospital Assistant S. R. Jeeyaroosawmy Garoo.

Name of Town.—Adoni, in the district of Bellary.

Population of Town.—22,429 Natives and 20 Europeans and East Indians according to the last census.

Date of Establishment.—The dispensary was established on the 17th October 1867.

By whom originated.—By the inhabitants of the town and sanctioned by Government.

How supported.—This institution was hitherto supported partly by local subscriptions and donations and partly by Government, but at present it is entirely supported by Municipal and Local Funds. Government grant one-fourth the salary of the medical establishment.

What Medical Officers have been in charge.—First-class Hospital Assistant S. R. Jeeyaroosawmy Garoo, No. 505.

In each year, since opening, give the following data :—

Years.	Total Admissions.		Average Daily Number of Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1867-68	...	1,373	...	87·5	...	1
1868-69	4	2,544	0·16	29·0	...	1
1869-70	59	1,912	3·02	21·37	4	33
1870-71	48	2,660	2·60	23·70	2	3
1871-72	53	2,431	2·00	25·60	4	...
1872-73	83	4,619	3·00	44·10	3	...
1873-74	127	4,393	4·60	47·50	5	3
1874-75	143	5,676	5·43	60·03	13	2

Dimensions of Hospital.

Number of Wards.	Height.	Length.	Breadth	Superficial Contents.	Cubical Contents.	How occupied.
	FEET.	FEET.	FEET.			
1 ...		19½	10½	204	1,632	Surgery.
2 ...	88	19½	10	195	1,560	Dispensary.
3 ...	8½	28	8½	238	2,023	Verandah.
4 ...	8½	17	13	221	1,768	Male ward.
5 ...	8	9½	9	85½	684	Store-room.
6 ...	7½	9	6	54	405	Purveyor's room.
7 ...	7½	18½	11	203½	1,526¼	Female ward.
8 ...	7	22½	7½	168¾	1,171	Verandah.
9 ...	7	17⅝	7½	132½	970⅝	Cook-room.

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State of Medicine among the Native Practitioners, Hakeems or Tabib, Pundit or Vydean, or others.—I cannot say much regarding the practice of the very few hakeems and other native practitioners in the town. They are, with very few exceptions, uneducated men and women, who merely follow the practice of their fathers, who, in their day, empirically practised medicine to gain a livelihood.

What European Medicines are available in the bazaar, and to what extent do the Native Practitioners or the people use them.—Quinine, rhubarb, and caustic are available sometimes in the bazaar, and the native practitioners, when their own remedial powers manifestly fail, unhesitatingly resort to the use of quinine in cases of fevers of the intermittent type.

State of Vaccination, and view of the people as to its virtues. Are there Inoculators present?—State of vaccination fair at present, and the people themselves volunteer to get their children vaccinated at times, from which I am led to believe that they have great confidence in the prophylactic virtues of the operation; but I have remarked on many occasions that the parents are very averse to the operation by needles.

General Observations.—There has been a steady increase in the number of in and out patients, who have sought and obtained treatment at this institution, the benefits of which, I am very happy to say, are being more widely and better appreciated by all classes of the inhabitants of the town and surrounding villages of the taluq.

There have been 5,616 Natives admitted as out and 141 as in patients, showing an increase, when compared with last year, of 1,306 of the former and 14 of the latter. The annual average was 60·03 out and 5·43 in patients. There has been a slight decrease in the numbers of Europeans and East Indians. The admissions for 1873-74 were 75, whereas in 1874-75 the number was 60 only. This is attributable to the departure of the Revenue Survey party from this taluq.

Extract from Inspection Report by Deputy Surgeon-General G. Smith, M.D., dated 28th January 1875.

The dispensary, which is located in the centre of the town of Adoni, was originally a Munsif's Cutcherry, and has but limited accommodation. A new dispensary on the standard plan is about to be erected. The utmost possible is made of the existing building; and, considering its general unsuitability for the purpose, it answers the general wants of the town pretty fairly. The Court-room, with its double verandah, is utilized as a dispensary and surgery; a small room at one side serves as a store, and a larger room at the other side serves as a ward for four male patients. Adjoining, and forming one side of the small enclosure, is a ward for two or three female patients. There is a small latrine in the enclosure, and a small cook-room on the other side of the narrow street; a small store-room for the use of the purveyor completes the accommodation. There is no special ward, no dead-room, no male or female lavatory, and only one latrine without roof for

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both sexes. The building is of mud and stone with flat mud roofs and wooden supports; it is very clean and well ventilated, and is fairly conserved. The water-supply is sufficient, and the interior of the building has been lately whitewashed.

AHTOOR.

Extract from Annual Report by Assistant Apothecary J. W. PRICHARD.

On the morning of the 11th December 1874 the dispensary duties were begun. At first there were but few who came for treatment; some, owing to timidity, and others not being aware of the fact of medical aid being at hand, of course, did not come. Gradually this feeling wore away; the news of "medicine" soon spread far and wide amongst the villagers, till subsequently the people were resorting in flocks, many coming fifteen and twenty miles distances.

At the close of the present year the total numbers of admissions and cures, &c., of Natives and Europeans have been as follows:—

	Natives.	Europeans and East Indians.
Admissions	1,189	25
Cured	1,073	17
Relieved	101	7
No better	2	..
Absented	13	..
Died	..	..
Remaining	9	1

The most common diseases, arranged in their order of frequency, are intermittent fevers, scabies, rheumatism, dyspepsia, dysentery, and diarrhœa.

Extract from Inspection Report by Deputy Surgeon-General W. JOHNSTON, M.D., 1st May 1875.

This hospital was opened to the public on the 11th December last, and its work is conducted in a building once a Soldiers' Rest-house, and on the whole well suited to the necessities of the sick of a population of 8,081 souls. A careful examination of the hospital books serves to strengthen other evidence showing that, under its present management, the institution has already secured a measure of success which augurs well for the future. Inspected with the necessary minuteness, the internal economy of the hospital and general arrangements for the efficient working of the institution are found all that can be desired.

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ANANTAPUR.

Extract from Annual Medical Report by Passed Hospital Apprentice J. Fisher.

Name of Town.—Anantapur.

Population of Town —4,918.

Population of District.—1,668,006.

Date of Establishment.—May 1866.

By whom originated.—J. W. Reid, Esq., and was then supported by local contributions with a grant-in-aid from Governmnnt.

How supported.—The Civil Dispensary is now entirely supported by the Municipality and Local Fund Boards.

What Medical Officers have been in charge.—Second-class Hospital Assistant S. Marrimoothoo, Second-class Hospital Assistant M. Patchappen Naick, and Passed Hospital Apprentices V. Vurdappah Naidu, J. O'Leary, and J. Fisher.

The following table will show the gradual and steady progress of the working of the Civil Dispensary:—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1868-69	...	476	...	11·75	...	4
1869-70	...	571	...	15·25	...	8
1870-71	...	573	...	13·5	...	1
1871-72	22	1,653	1·71	21·7	3	2
1872-73	29	1,432	1·53	22·01	1	2
1873-74	82	3,095	3·29	43·56	6	1
1874-75	86	3,662	3·20	28·34	5	1

Dimensions of Hospital.—The male ward, which is attached to the Police Hospital, measures 16 feet in length, 15 feet in breadth, and 13 feet in height. The female ward, which is a detached building, is 16 feet in length, 16 feet in width, and 14 feet in height.

The history and good doing of the Police Hospital and Lying-in Hospital if any.—The hospital building is one long ward, separated by a block which does not extend right up to the roof. One-third of this building that is separated by the block is named off as being the Civil Dispensary, male ward, and contains room enough for four patients, the police patients occupy the remaining two-thirds. The portion now occupied by the male patients of the Civil Dispensary was originally the surgery of the medical officer in charge of the Police Hospital. The present arrangement has necessitated the municipality to lengthen the verandah and the platform, and to enclose a portion of it for the surgery of both hospitals. I much regret to say that in the hot weather I find it intolerable to sit and prescribe in this low-roofed place of an afternoon, when the tiles are heated by the sun's rays. The Police Hospital is of great use, as it is the only hospital they have in the sub-division.

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Patients from Pennacondah and Tadputri have to resort to this place for treatment irrespective of the distance, being 44 and 30 miles respectively. There is no lying-in hospital.

The state of Medicine among the Native Practitioners.—These men chiefly use a crude kind of corrosive sublimate and opium. The actual cautery is freely resorted to, both for the cure of man and beast. I very much regret to add that these men are very numerous, and the great evil is that they cling to their patients almost to the very last, when some body suggests that the patient be taken to the hospital. The patient is not long in hospital perhaps before he expires, and this adds to the reputation of the native practitioner. In cases of parturition, I must add, that every barber's wife in the place tries her fist before they will ever call for proper medical assistance, and on examining the private parts, they are found to be tampered with to the extreme. I had a case of this kind about a month ago in a neighbouring village, called Cutnatcalva. After extracting the child by evisceration (the child being dead and decomposed), and attending to the welfare of the mother, I advised the people (about 100) that in future if any case of unnatural labor took place, to send for me at once, and that I would render them every assistance that laid in my power. The people saw for themselves that the woman was, in a measure, snatched from death's jaws, and I think that they would rather send for proper medical assistance in future in these cases than first trying every old woman of the place.

I here embrace the opportunity of stating that I was asked by one of the midwives (who first took me aside) "If it was time for the woman to sit?" I showed signs of horror, and said, that "she is not to sit up by any means." She then added, "There is the arrack ready for her to sit on." I then asked her "What was the object?" She replied, "to make her strong." I recommended that a portion of it be given internally instead.

I at present have a case on hand, who was treated for the past two years by hakeems, and, when about dying, was deserted by all. I was called in, and seeing the man was starved and mercurialized, I ordered nourishing food, and prescribed for him. At present he is slowly, but steadily, improving. The man was fleeced of all his money, and at present is being helped by his neighbours. I treat him in his house without payment, but am proud to say that his case has been a lesson to all his neighbours, who not only apply to the hospital for treatment, but also recommend their friends to do the same, and quote this man as an example. Again, this young man's mother goes so far as to worship the dispensary. Among our private practitioners are included the Sheristadar and one of our Commissioners. The European medicines available are quinine and chlorodyne, which are but seldom purchased by the inhabitants. The native practitioners adhere to the crude forms of mercury and opium. Cupri sulphas is sometimes used in their plasters.

Vaccination is carried on by the Municipal and Taluq Vaccinators. The people, as a rule, object; this objection, strange to say, exists even among some of the educated people, from whom more might be expected. They strongly object to lymph being taken to vaccinate another, as they imagine that it deprives the child of its strength. Repeated explanations are simply listened to, but ultimately they conclude that it is got up to pacify them.

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Principal Diseases.—I here beg to remark that venereal diseases are almost as common as itch. Under the head of ulcers 555 cases have been admitted, and my predecessor informed me that almost three-fourths of these cases were specific in their origin; again rheumatism and diseases of the eye have been chiefly traced to syphilis. The steady increase of syphilis is due to the following reasons:—Almost all the women of the lower class are syphilized either from their own misconduct or from that of their husbands. The richer folks pride in having concubines; their own wives pride in it also, as it shows that her husband can sport with money enough for such luxuries. Again nautches are common, in which dancing girls form the chief spectacle, and at the termination of the nautch the host disappears with a dancing girl, and the result is that he gets an attack of venereal disease, of which his wife also becomes a victim. The Mahomedans consider an attack of gonorrhœa or chancre as a sign of puberty; consequently when a lad gets an attack of either, he makes a show of it (instead of being ashamed), as it entitles him to the society of his elders. Venereal complaints, I must again say, are on the steady increase, and the people not only don't consider it a dishonor, but glory in it. The older the man, the greater the pride.

Economic Statistics and Management of the Hospital.—The Civil Dispensary is supported by the Municipality, aided by the Local Fund Board. The sum of Rupees 2,147-2-8 has been expended for various purposes shown in the financial statement. Rupees 2,002-7-6 have been invested in the Government Savings' Bank. Interest for the same has been expended for the use of the dispensary, thus leaving the original sum invested as a balance without an increase.

Extract from Inspection Report by Deputy Surgeon-General G. Smith, M.D., dated 12th February 1875.

Total number of in-patients during 1874 was 110, of out-patients 3,802. One casualty occurred among the in and one among the out patients.

The corresponding numbers for 1873 were 48 in and 2,385 out patients.

The progress of the dispensary is gratifying; the number of in-patients has risen from 15 in 1870 to 110 in 1874, and the out-patients have risen from 511 in 1870 to 3,802 in 1874. The average daily sick has, during the same quinquennium, risen from 13·5 out and 1·26 in patients to 34·02 out and 4·29 in patients.

The principal diseases, ranged in the order of their frequency, are as follows:—Conjunctivitis 726, ulcer 667, itch 526, ague 202, constipation 194, rheumatism 194.

Syphilis is common in the town, although only 116 cases of venereal appear in the return; yet it is likely that many of the ulcers were in reality specific. It is wide spread as a disease in domestic life. The disease is generally of a severe type.

Malarial fevers are not common; the cases which present themselves are often of the quartan type.

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ANJENGO.

Extract from Annual Report by Second-class Hospital Assistant T. Narrainsawmy Naidoo.

Name of Town.—Anjengo.
Population of Town.—2,500.
Date of Establishment.—2nd May 1838.

This was once a military station of the Resident of Travancore and Cochin, to whom a company of Native Detachment and a Dresser for its medical aid was allowed. On the removal of the Resident and his escort, the Dresser was allowed to remain behind on the request of the then respectable inhabitants.

By whom originated.—By the Government of Madras.

What Medical Officers have been in charge :—

2nd Dresser Gopaulsawmy Naidoo.
Do. Johnson.
Do. Nagharry.
Do. Appavoo.
Do. T. Soondrum Pillay.
Do. R. P. Vadacunnoo Pillay.
Do. T. Narrainasawmy Naidoo.

In each year since opening give the following data.—I beg to submit herewith a statement showing the number of sick treated since 1856, there being no records whatever in this office for the previous years.

Years.	Total Admissions.		Average Daily Sick.		Total Death.	
	In.	Out.	In.	Out.	In.	Out.
1856	...	92	...	3	...	...
1857	...	660	...	$7\frac{1}{8}$	...	2
1858	...	292	...	4	...	4
1859	...	490	...	6	...	2
1860	...	128	...	$8\frac{1}{2}$	...	12
1861	...	662	...	8	...	9
1862	...	493	...	$7\frac{1}{8}$	...	2
1863	...	415	...	7	...	3
1864	...	481	...	$7\frac{3}{4}$	...	1
1865	...	363	...	6	...	2
1866	...	495	...	5	...	2
1867	...	490	...	6	...	4
1868	...	435	...	$6\frac{1}{2}$	...	3
1869	...	498	...	$6\frac{1}{2}$	...	3
1870	...	487	...	7	...	3
1871	...	445	...	7	...	...
1872	...	435	...	$7\frac{3}{4}$	...	...
1873	...	428	...	6	...	...
1874-75	...	335	...	$4\frac{1}{8}$	...	2

Dimensions of Hospital.—Length 8 yards, breadth 9½ yards, including the front and back verandahs.

The Vydians of this place chiefly use infusions, electuries, and powders of medical drugs named in the Ashtongheradom, mercury, &c., internally; thylums externally.

No European medicines are available in the bazaars here.

Vaccination is irregularly carried on owing to the population. Most of the inhabitants being illiterate and ignorant do not appreciate the good and beneficial effects of it, although they personally witness the successful results. However I carry on this important work partly by force and partly by good means.

The building occupied as hospital is a rented one; is clean: no change has been made during the year.

As for the accommodation of in-patients no funds have ever been provided.

The building occupied as hospital is a rented one; is clean; no change has been made during the year.

As for the accommodation of in-patients no funds have ever been provided.

Extract from Inspection Report by Deputy Surgeon-General W. JOHNSTON, M.D., dated 28th November 1874.

Apparently this is the first occasion of its inspection by the Circle Administrative Medical Officer, and to this almost complete absence of any active control the very unfavorable condition in which it was found by me may be partly owing. True to its name, but scarcely so of the functions it is supposed to fulfil, the building in which the "Poor Hospital" is established differs little, if at all, from the squalid huts which surround it, save, perhaps, that it is a little larger than many of them. The interior of the place was filthy to a degree, overrun with the children of the Hospital Assistant, himself covered by itch, and, in whining speech, lamenting his wretchedness and the miserable fate that had cast him in such a place.

Treated in the year ending			31st December	1872	... ...	443
Do.	do.	do.	31st do.	1873	... ...	427

The vast majority of the cases, if not all of them, were of the most trivial nature, the institution, according to the Hospital Assistant's statement, being held in such little repute that recourse is seldom had to it.

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BELLARY.

Extract from Annual Report of the Civil Hospital and Dispensary by Surgeon-Major L. W. Stewart, Civil and Garrison Surgeon.

Annual Report of the Civil Hospital and Dispensary, Bellary, for 1874-75.

——	In-patients.	Out-patients.	Total.
Remained on the 31st March 1874 ...	14	40	54
Admitted during the year 1874-75 ...	254	7,157	7,411
Discharged	222	7,156	7,378
Died	26	1	27
Average daily sick	12·63	54·76	67·39
Remaining on the 31st March 1875 ...	20	40	60

Population.—The total population of the district is 1,754,143, and of the cantonment and town 51,766.

History of Dispensary from first establishment.—The Civil Hospital and Dispensary was first established in May 1842.

The house selected for the purpose was situated in a main street of Brucepettah, near the market.

It contained seven rooms on the ground floor and one small upstair-room.

From the report of the Medical Officer in 1842 it would appear that there was some kind of Civil Hospital prior to the date, as he states that during the three years previously he had performed six amputations in the institution.

The situation of the dispensary at this time was in the middle of the pettah, surrounded on all sides by houses, that it was considered by the Medical Officer in charge in 1848 to be very objectionable as a hospital both on account of its locality and structure. He addressed the Collector on the subject, and pointed out the defects and disadvantages of the building, and urged its removal.

Present Dispensary.—The present building was originally a bungalow tenanted by Europeans, and on the representation of the then Collector it was purchased by Government and handed over to the local authorities as a dispensary.

From the description given of this building at the time of the transfer, it would seem to have been a magnificent structure; perhaps, compared with the former one, it was a great improvement.

However, it is not at all adapted to the requirements of the present day; and I am glad to be able to write that it will not be long ere a building, in all respects suited to the treatment of the sick, is erected.

The site has been chosen and approved by Government, and it only remains to collect sufficient funds to commence the building.

How supported.—From 1842 the dispensary was almost entirely supported by Imperial or Government funds up to 1865, and from 1865 to 1st May 1871 by the local contributions, when it was handed over to, and taken charge of by the Municipality.

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The subscription received on account of the institution have very much declined of late years, and not more than one native resident now subscribes towards the charity.

I have heard it mentioned as a reason why subscriptions have almost ceased; that it is the municipal taxes which are imposed on the people; that if it were not for these the natives would subscribe.

Table of Admissions and Deaths since 1845.—The following table shows the admission of in and out patients and deaths since 1845:—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1845	65	1,115	$5\frac{7}{12}$	...	5	11
1846	76	1,303	8	28	8	10
1847	55	923	5	19	5	2
1848	50	791	$6\frac{1}{4}$	$13\frac{1}{2}$	12	3
1849	114	800	$12\frac{1}{4}$	$22\frac{1}{4}$	15	7
1850	178	1,375	$16\frac{1}{2}$	40	18	1
1851	142	983	13	22	17	10
1852	123	1,333	16	$19\frac{1}{2}$	21	4
1853	138	1,771	$11\frac{1}{2}$	$19\frac{1}{2}$	15	2
1854	153	1,793	8	20	30	1
1855	112	1,045	7	$19\frac{1}{2}$	30	1
1856	96	3,664	6	29	18	4
1857	56	3,545	6	$44\frac{1}{4}$	12	8
1858	58	2,939	$6\frac{1}{4}$	$42\frac{3}{4}$	7	2
1859	226	3,705	18	67	18	92
1860	158	4,273	17	108	14	6
1861	340	3,543	11	82	14	9
1862	327	3,597	14	56	19	12
1863	262	3,815	$12\frac{8}{12}$	$46\frac{8}{12}$	20	24
1864	97	3,447	$7\frac{1}{4}$	$33\frac{1}{4}$	14	4
1865	135	4,661	$8\frac{10}{12}$	$29\frac{11}{12}$	22	34
1866	215	5,407	$10\frac{3}{4}$	$46\frac{2}{3}$	42	37
1867	194	5,747	11	57	24	4
1868	206	6,017	13	$47\frac{1}{2}$	26	4
1869	181	5,828	10·26	42·50	19	4
1870	179	5,774	10·3	62·5	31	3
1871	197	5,243	12·9	77·86	21	3
1872	195	5,503	11·67	52·337	34	1
1873-74	195	5,607	11·3	55·74	24	1
1874-75	254	7,157	12·63	54·76	26	1

Lying-in Hospital.—There is no lying-in hospital in the station, but one is much needed.

Native Practitioners.—There are ten or twelve native practitioners in the town who practise after their own method, or, properly speaking, after the system or doctrines of by-gone authorities, such as Agastiar, Thanmunthry, Bogar.

Modes of Treatment by Native Doctors.—In continued fevers they largely use aconite, and in obstinate intermittent fevers they employ arsenic, chiefly the white or arsenious acid.

In bronchitic and asthmatic affections they give the yellow arsenic after subjecting it to some rude chemical process.

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In nearly all cases of rheumatism the native practitioners give some form of mercury, usually a sort of impure bichloride known in the bazaars as veram, or the impure sub-chloride known as rasakarpoorum.

In many cases of dysentery and fevers, and also in dyspepsia, a decoction of the achyranthesaspera is administered. It allays thirst and subsides fevers.

Drugs used by Native Practitioners.—The following are the principal medicines used by native practitioners :—

Metals.

Iron, sulphate, and peroxide.
Silver reduced to oxide.
Gold.
Copper, sulphate oxide.
Zinc.
Lead, litharge oxide.
Mercury.
Arsenic.
Sulphur.

Salts.

Rock salt.
Saltpetre.
Salammoniac.
Cream of tartar.

Vegetables.

Are almost numberless.

European Medicines found in the Bazaar.—The following are some of the European medicines procurable in the bazaar, though it will be observed that many are at the same time indigenous to the country :—

Muriatic, sulphuric, and nitric acids.
Aconite root.
Arsenic, white, red, and yellow.
Assafœtida.
Aloes.
Alum.
Benzoic acid.
Borax.
Catechu.
Cardamoms.
Camphor.
Chamomile.
Cheretta.
Cream of tartar.
Cinnamon oil.
Croton oil and seeds.
Chlorodyne.
Cubebs.
Cupri sulphas.
Datura seeds and leaves.
Ferri sulphas.
Frankin.
Galls.
Hemidesmus Indica.
Hydrarg bichloride.
Impure calomel.
Linseed oil.
Liquorice root and extract.
Magn sulphas.
Myrrh.
Opium.
Pomegranate.
Cloves.
Nutmeg.
Ginger.
Scilla.
Bael.
Turpentine.
Saffron.

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Medicinal Plants indigenous to Bellary.—The following are found growing in and around Bellary :—

Ægle marmalas.
Aloes Indica.
Argemone maxicana.
Anthemis nobilis.
Azadrachta Indica.
Aristolochia brachata.
Citrullus colocynthes.
Croton tiglium.
Eclipta prostrata.
Datura strammonium.
Canabis sativa.
Colotropis gigantia.
Hemidesmes Indica.
Hydrocotyle Asiatica.
Punica granatum.
Oscimium sanctum.
Tylophord asthmatica.

and are all used by natives.

Vaccination.—This is carried on with unremitting vigour, and the former prejudices against it appear to be fast subsiding.

There was performed by the Municipal Vaccinators a total of	1,391
Of which were successful	1,249
Unsuccessful	118
Unknown	24

In the different taluqs the following is the result of vaccination :—

Total vaccinated	12,722
Successful	11,945
Unsuccessful	422
Unknown	355

Inoculation is not practised in the Bellary town.

There are no native oculists residing in the town, but I understand that occasionally some so-called oculists come amongst the people and perform some sort of operation for cataract. There are no lithotomists in the town or district.

Extract from Inspection Report by Deputy Surgeon-General G. Smith, M.D., dated 22nd January 1875.

Hospital.—The enclosure of the Civil Dispensary is quadrilateral, measuring 144 yards from east to west and 152 yards from north to south.

Along the northern wall are ranged, from west to east, a small tank, or rather large well, with heavy masonry sides and a flight of steps to the surface of the water, which is not used for drinking, and towards the east a block of building consisting of two wards and intermediate bath-room, formerly used as a Lock Hospital, now appropriated to cases of special and contagious disease. Between these two is a semi-ruined hut, the residence of the toty. Between this northern wall and the dispensary is the pandal for meteorological instruments; the wards of the former Lock Hospital are

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built of stone with mud roofs out of repair ; they have central pillars, a are well ventilated by doors, windows, pot-tiles in the bottom of the wal and T-shaped ventilators in the roof ; roof, walls, and floors are clean, b much out of repair. The wards are each 41·5′ × 13·5′ ; there are veranda on the west and south sides of the wards ; the block is well drained, a the drain terminates in a large water-course which leaves the enclosure the centre of its eastern wall. On the eastern side of the enclosure is the o stone-built hospital latrine, now entirely out of repair. I have directed i being repaired or closed up. There is also a dead-house with enclosing wa out of repair. On the south there are no buildings. The long sketch of wa is of stone towards the east, and the rest of the line is of mud. It is broke down here and there. Outside the wall are a few houses of Mellorspettah The rest of the huts lie further south. On the west side are the Hospita Assistant's quarters, and a new stone latrine is in course of erection. In th centre of the enclosure and south of the dispensery is a latrine divided into female and male portions, both clean and well conserved, but both without roofs ; the latrines are simple and efficient and on the dry-earth principle. To the south-east is a block containing on the east side, a cook-room without ventilation, and on the west a lavatory not used and out of repair. The dispensary consists of three wards, two male (15′ × 11′ and 20′ × 15′) and one female ward (14′ × 15′, capable of containing four, five, and three beds). These wards, especially the floors, are out of repair ; they are clean and well ventilated ; there is also a small spare ward with one cot and adjoining a small bath-room, both for women. The dispensary has double verandahs on its southern aspects and a single verandah along its northern ; attached to the south-west corner of the dispensary is a square block with an upstair room used by the Sergeant in charge of the meteorological instruments, and down stair room used as stores, &c. The drainage of the dispensary runs into a ditch which courses from west to east through the centre of the enclosure.

Principal Diseases.—From 1st January 1874 to 31st December 1874 there were admitted as in-patients 231, as out-patients 6,513 ; of the in-patients, 14 were Europeans, of the out-patients 70 were Europeans ; among the in-patients there were 30 deaths, or 12 per cent. of admissions ; the present state gives 14 in and 66 out patients—total 80 ; the great groups of disease, ranged in the order of their frequency, are given below :—

In-patients.		*Out-patients.*	
1. Injuries	54	1. Digestive diseases	1,431
2. General diseases, Sub-Dn. B.	40	2. Cutaneous do. ...	1,376
3. Diseases of digestion ...	32	3. Eye diseases	726
4. Cutaneous diseases	26	4. General do. Sub-Dn. A.	686
5. General diseases, Sub-Dn. A.	19	5. Do. do. B.	529
6. Urinary do.	13	6. Diseases of ear	494
7. Nervous do.	10	7. Injuries	456
8. Respiratory diseases ...	10	8. Respiratory diseases ...	252

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BERHAMPORE.

Extract from Annual Medical Report by Surgeon-Major H. J. Beach.

The town is divided into Bahpore and Berhampore, containing an aggregate population of 21,816, located in 35 streets and 4,739 houses. Berhampore is the most northerly military station of the Presidency, and has been occupied as such since 1815, when Ganjam was abandoned in consequence of its unhealthiness. The district of Ganjam is situated on the north-east coast of the Madras Presidency, east of the Central Provinces and Hyderabad, and extends from Chicacole in the south in a northerly direction up to the Bengal frontier in north latitude 20° 18′, and from this boundary as far south as Itchapore it is fairly a portion of "Natural Orissa." The area of the district is 4,457 square miles, and the population 1,486,227, of which at least two-thirds are Oriyas.

2. This dispensary was first opened to the public on the 16th March 1860.

3. This dispensary was erected at the cost of Government.

4. From its first opening until the 7th June 1872, when the management and all funds were handed over to the Municipality, it was supported partly by Government and by voluntary subscription; since then, and up to the present date, it has been supported wholly by the Municipality, aided by some few subscriptions.

5. The following Medical Officers have held charge of the Berhampore Dispensary since its first opening on the 16th March 1860:—

Names.	From.		To.	
Alexander, M.D., Asst. Surgeon G. H..	20th April	1859	1st July	1861
Watts, Asst. Apothecary J. J. ...	6th July	1861	15th July	1861
Alexander, M.D., Asst. Surgeon G. H..	15th July	1861	29th Aug.	1861
Suttleffe, Surgeon	29th Aug.	1861	28th Nov.	1862
Foy, Assistant Surgeon J. A. ...	28th Nov.	1862	7th Jan.	1863
Hefferman, Assistant Surgeon J. J..	7th Jan.	1863	2nd June	1863
Howard, Civil Surgeon J. T. ...	2nd June	1863	12th Sept.	1863
Clementson, Surgeon F. L. ...	12th Sept.	1863	25th Dec.	1864
Cockerill, Assistant Surgeon P. W..	25th Dec.	1864	31st Jan.	1866
Clementson, Surgeon F. L. ...	31st Jan.	1866	8th Feb.	1866
Karney, Assistant Surgeon D. ...	8th Feb.	1866	26th April	1866
Clementson, Surgeon F. L. ...	28th April	1866	22nd Aug.	1866
Master, Apothecary W. D.	22nd Aug.	1866	11th Sept.	1866
Clementson, Surgeon F. L. ...	11th Sept.	1866	2nd Oct.	1866
Howard, Civil Surgeon J. T. ...	2nd Oct.	1866	16th Mar.	1868
Nanny, Assistant Surgeon C. L. ...	16th Mar.	1868	1st Mar.	1869
Walter, Surgeon G. W.	1st Mar.	1869	6th Feb.	1872
Hackett, Assistant Surgeon A. L. ...	6th Feb.	1872	23rd Feb.	1872
Patterson, Assistant Surgeon F. R...	23rd Feb.	1872	2nd Aug.	1872
Murphy, M.D., Asst. Surgeon E. M....	2nd Aug.	1872	11th Jan.	1873
Hazlett, Assistant Surgeon H. J. ...	11th Jan.	1873	17th Mar.	1873
Beach, Surgeon-Major H. J. ...	17th Mar.	1873	In Medical charge.	

6. The following table shows the rates of mortality disease in the Berhampore Dispensary since its first establishment:—

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Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1860 ...	86	1,349	7½	67	9	1
1861 ...	142	1,858	8	60	13	2
1862 ...	86	2,241	5	72	10	3
1863 ...	132	2,060	10	60	10	3
1864 ...	85	2,209	8	57	7	2
1865 ...	93	1,802	9	21	5	5
1866 ...	134	2,087	7	29	33	149
1867 ..	195	1,843	13	19	48	8
1868 ...	113	1,498	9	15	17	...
1869 ...	150	1,841	12	13	19	4
1870 ...	114	1,883	14½	20¼	14	...
1871 ...	106	2,025	12	14	13	6
1872 ...	122	2,123	13	19¼	18	14
1873 ...	150	2,275	11½	20¾	25	...
1873-74 ...	33	532	9¾	20 7/12	...	...
1874-75 ...	150	2,279	...	...	29	2

The Berhampore Dispensary is some 85 feet long by 40 broad. It contains one male ward 33 feet by 18 feet, accommodating eight beds; one female ward 24 feet by 18 feet containing six beds; there are also three small separate wards each 9 feet by 9 feet holding one bed; besides these there is the consulting-room, dispensary, and surgery with usual out-buildings.

The so-called native practitioners of medicine exist in the town and district of Berhampore in tolerable numbers; a few only may be classed as pundits or vydians, the majority being ignorant and designing quacks, practising on the credulity, superstition, and ignorance of the people; their treatment is wholly empirical, a compound of superstition, deceptions, and fraud. Mercury in several of its crude forms is their chief medicinal panacea for all the ills of human flesh, and they administer it both externally, internally, and by fumigation; the abuse of this medicine in the treatment of all the forms of venereal disease has much to answer for in depreciating the tone of the public health of this neighbourhood. The application of the actual cautery and some other escharotics is their only surgery.

I am somewhat doubtful as to the meaning of this question: Are alum, the sulphates of iron and copper, nitrate of potash, chloride of ammonium several of the preparations of mercury, lead, and antimony with many others, to be considered as European medicines, or is the term confined to such articles as quinine, laudanum, chlorodyne, carbonate of soda, cod-liver oil, essence of peppermint, and Seidlitze Powders, with some patent medicines, such as "Cockle's Pills," "Holloway's Ointment and Pills?" If so, these are occasionally found in the bazaar, but are little used either by the native practitioners or the people.

The state of vaccination in the district is by no means satisfactory; the people have not yet realized its virtues, and they view its introduction with suspicion and doubt. A very large proportion of the Oriyah adult population is protected by either previous small-pox or inoculation; this iniquitous practice in their opinion not only protecting as efficiently as vaccination, but in its

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fatality limiting the infantile populations, a form of infanticide which has at least the tacit consent of Government. The Oryiahs are quite indifferent to infections, and, under the circumstances above recorded, it is not to be wondered at that they fail to recognize the value of vaccination as a protective agent. It is impossible to protect men against themselves.

A better-paid and a better class of men should be employed in the Vaccine Department. At the present time a late Superintendent of Vaccination occupies the position of convict in the District Jail. The custom of vaccinating prisoners in jail is, I think, fairly open to question, the free population looking on it as a something added to the disgrace and punishment of a felon.

Observations on the Climate and Season.—The climatic conditions of the year have been fairly satisfactory. The hot season was not so severe as usual, for at no time did the thermometer in the shade register more than 100° Fahrenheit; and on the 28th of May a severe north-westerly squall introduced the south-west monsoon, during which and up to the end of September some 31 inches of rain fell. The north-east monsoon prevailing during the latter end of October and beginning of November was unusually heavy, some 23 inches of rain being registered. The total rainfall for the year has aggregated 55·03 inches—a good average fall.

A mild epidemic of cholera prevailed in the district during the months of July, August, and September 1874, during which 172 cases proved fatal, including some ten cases in Berhampore; only a few cases were treated at the dispensary. A full report of this outbreak will be found in my letter No. 59, dated 3rd October 1874, to the address of the Sanitary Commissioner of Madras.

No very large operations have been performed during the year; a good deal of minor surgery has been done, much by First-class Hospital Assistant V. Bulram, who is skilful and careful; much difficulty is experienced in getting the people to come forward for the larger operations; they often promise, but at the appointed time are not to be found; in preference will take any quantity of medicine, submit to the actual or any other cautery; often they are professional beggars, suffering from some disease or deformity, the exhibition of which excites the charity of the public, and to remove which would be to deprive them of a good and easy livelihood; but it is hoped something may yet occur to give them more confidence in European surgical skill.

There is no lying-in ward; no midwifery patients have sought admission as in-patients during the year; should such apply, a small room containing one bed is available.

During the year ten of the in-patients dieted themselves.

BRIEF REPORT ON THE CHOLERA EPIDEMIC OF 1874 IN THE GANJAM DISTRICT.

From Surgeon-Major H. J. BEACH, Acting Zillah Surgeon, Berhampore, Ganjam, to the Sanitary Commissioner for Madras, dated Berhampore, 3rd October 1874, No. 53.

In compliance with the request contained in your letter No. 1,031, dated Madras, 2nd September 1874, to the address of the Surgeon-General, Indian

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Medical Service, and that officer's endorsement, No. 5,721, dated Fort St. George, 4th September 1874, I have the honor to submit the following brief report on the recent epidemic of cholera as it appeared in the Ganjam District in 1874. I have to regret the brief and imperfect nature of this report, with its many probable inaccuracies, for the Civil Surgeon of the district is one of the last who gets any official information of the presence of any epidemic or unusual sickness in the district, over whose health and sanitation he is supposed to preside; he never moves out of his station, and is consequently little qualified to aid in any inquiry of the sort now proposed by you, for it is only by actually stalking the disease from case to case, and from village to village, that we learn whence its lair, its mode of progress, its surroundings and favorite nidus, and how its final exit.

2. *Premonitions.*—It was apprehended by many that 1874 would be a "cholera year," but unfortunately the frequency of such years in the annals of Ganjam makes the guess a tolerably safe one; amongst the chief special reasons adduced in support of the opinion were the presence of the famine in Bengal, causing many to start on the pilgrimage to avoid its horrors, and possibly arriving at Pooree in enfeebled health, the combined results of privation and travel rendering them prone to either originate or contract disease. It was also feared that an unusually large number of pilgrims would this year be induced to visit the shrine of Jaggernath, this year being the one in twelve when the body of the god is renewed with all the imposing surroundings of pagan pomp and ceremony. But this latter fear fortunately was not realized, for I am informed that the assembled pilgrims did not at any time exceed 60,000, a by no means unusual number.

3. *Invasion.*—Rumours of cholera and choleraic diarrhœa were frequent from the commencement of the year, when some few cases were reported amongst a number of immigration coolies assembled at the port of Gopaulpore, some few other sporadic cases were said to have occurred amongst the population of the neighboring sea-coast villages. On the 22nd February I was emergently called upon by the Acting Senior Assistant Collector of Ganjam to forward an aggregate of 1,500 cholera pills to the Tahsildars of Itchapore, Sompeta, Aska, and Purushottapore, "cholera having made its appearence in their respective taluqs." The pills were duly forwarded, but I could get no further information about the reported outbreak, and am of opinion the application was the result of some misinformation or misunderstanding. I have every reason to suppose that during the earlier months of the year, that severer form of diarrhœa, generally known as choleraic diarrhœa, prevailed sporadically to some considerable extent, which, unchecked by medical aid, often ran a rapidly fatal course, and to this cause must be attributed many of the deaths charged to the account of cholera. The first reported death from cholera occurred on July 14th in one of the inhabitants of the northern village of Billaijory, Hautghur Taluq, being about the time when the disease was said to be "raging" at Pooree.

4. *Progress.*—Having thus made its advent, it slowly spread to the right and left, but making progress onwards from north to south, as is invariably the case with epidemics of cholera in this district. The first case of death

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from cholera in Berhampore was reported on the 29th July and the last on September 15th, 1874, and, as far as I know, up to date no death has occurred in the district since this, and I presume it has passed on finally in its due progress southward. The disease prevailed to its largest extent from the 15th of July to the 15th of August.

5. *Type, character, and incidence of the epidemic.*—The type of the disease was decidedly mild, with no great tendency to spread, and amenable to medical treatment in its earlier stages; the symptoms were not remarked, and cramps were often absent. The reports from Pooree were that cholera prevailed to a considerable extent, but was not so fatal as is usually the case. I am sorry I can give no information as to the relative proportion of deaths to seizures. It appears to have selected its victims with a very tolerable impartiality from both sexes, though it has been observed that during this epidemic children were unusually obnoxious to its influences. No European was attacked. As showing the comparative frequency of the disease with former years, I may remark that in 1872, between the 20th of March and 20th of November, 2,662 deaths occurred in this district; in 1873, from 21st February to 31st July, 24 deaths only; whilst in the current year 172 deaths have been reported between the 14th July and 15th September.

6. *Preventive Measures.*—So soon as it became an established fact that cholera had made its appearance in the district, a native military guard was detailed from the 30th July to 12th September and posted on the main road from the north to Berhampore and further supplemented by a cordon of police, preventing, as far as possible, travellers, more especially pilgrims, arriving from infected places entering the station. Nevertheless 21 deaths from cholera were reported in Berhampore amongst the native inhabitants; there were none amongst the men of the wing of the 2nd N.I. stationed here, nor amongst the families and followers in the regimental lines, though the civil population immediately surrounding them suffered as above recorded. The newly-admitted prisoners of the District Jail underwent a quarantine of ten days in a shed outside its walls, which was continued from the 2nd August to 14th September. No case of cholera appeared either amongst the new arrivals or the old inmates of the jail. Nearly 6,000 cholera pills (without opium) were issued, chiefly to the Superintendent of Police, distribution by the "Beat Constables."

7. *Medical Treatment.*—On this subject there is not much to be said. I am informed that the supplies of cholera pill issued were freely distributed and administered, and with very favorable results if given in the earlier stages of the disease. Only three cases were treated at the Municipal Dispensary, one recovering from the choleraic attack died some days after with symptoms of pneumonic congestion; in the two other cases (females) a weak solution (gr. x to 1 oz.) of hydrate of chloral was administered by hypodermic injection; in both cases recovery followed, but it is an experience much too limited upon which to found any opinion as to the remedial value of this mode of treatment.

8. *Meteorology.*—It unfortunately happens that no meteorological observations are made in Berhampore; but I may remark incidentally, that the

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epidemic occurred during the prevalence of the south-west monsoon, the air was loaded with moisture, and the weather for the most part close and overcast. The prevailing wind was south-westerly, or against the direction in which the epidemic was travelling, though I must add that during the frequent storms of rain the wind would not infrequently veer round to west, north-west, and even north.

9. *Necessaries of life—Food.*—In consequence of the famine in Bengal, and the enormous exportation of rice from this district in that direction, prices ruled high, and the poorer classes were obliged to content themselves with the coarser kinds of food, but I have no reason to suppose there was any actual want. The mango crop was a complete or almost a complete failure. I do not think these conditions in any way influenced the character of the epidemic.

10. The Jaggernath pilgrim is by all, and on all sides, the acknowledged first cause of cholera in the Ganjam District, though it is but comparatively a small portion of the great army of devotees who assembled at Pooree who continue their travels to the southward to complete the grand pilgrimage from Benares to Pooree and Ramnad in extreme south of India, but they too often carry with them the germs of cholera poison to leave as a fatal legacy to those on whose charity and hospitality they inflict themselves, for there is little doubt cholera or its germs have an abiding home in Pooree, where at uncertain intervals and at any time it may multiply and spread to an alarming extent, the scattered pilgrims carrying it with them into the neighboring districts.

11. *Suggestions for permanent preventive measures.*—It appears to me somewhat strange and inexplicable that in these the great days of sanitation absolutely nothing should have been done, or attempted to be done, towards the suppression, or even mitigation, of this well-known and acknowledged source of disease and mortality. Is it not somewhat anomalous that whilst Government carefully guard the sea-board from all the risks of sea-borne infection by strict rules of quarantine, the sluggish stream of pilgrims is permitted to flow on through our chief highways, unchallenged and unchecked sowing broadcast the seeds of pestilence and death.

Considering the very great importance of the interests at stake, and with all due deference to the very divided state of opinion of our sanitary authorities on this subject, I would suggest, with a view of somewhat mitigating this abiding evil, the establishment of a pilgrim hospital near the frontier on this side of the Chilka lake, either at Rambah or perhaps better still at Ganjam, obliging all pilgrims to pass through it, obtaining thence a "clean bill of health," which shall be their passport for a future unmolested passage to the southward. The cost would be trivial in comparison with the benefit likely to accrue. There is no dispensary between Pooree and Cuttack, and only one at Khoorada, between Cuttack and Berhampore. The Bengal Government have, I think, sanctioned the establishment of a pilgrim hospital at Piplee, but that is somewhat off the usual route for Ganjam. Many of the pilgrims seek medical aid at this dispensary, but have to leave the direct route for this purpose, and too often

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they come in only to die—hopeless cases, broken down by the hardships of travel, exposure, and inability to obtain medical aid in the earlier stages of their several ailments—a sad waste of life, which the establishment of a pilgrim hospital on our border would tend greatly to obviate.

12. *Conclusion.*—In bringing this report to a close, and in support of the veiws I have advanced, I may, perhaps, be permitted to add the following quotations from well-known authorities on this subject (Drs. Hunter and Macknamara) :—" America, Europe, and the greater part of Asia may justly blame India for all they have suffered from cholera, and India can blame Pooree for annually subjecting whole provinces to the chance of the epidemic. These overcrowded, pest-haunted dens around Jaggernath may become at any moment the centre from which the disease radiates to the great manufacturing towns of England and France. The devotees care little for life or death, nor is it possible to protect men against themselves. But such carelessness imperils lives far more valuable than their own, and Europe has a right to demand the necessary preventive measures at the hands of the Indian Government.

" One of man's most deadly enemies has his lair in this remote corner of Orissa, ever ready to rush out upon the world to devastate households, to sack cities, and to mark its line of march by a broad tract across three continents. The squalid pilgrim army of Jaggernath, with its rags, and hair, and skin, freighted with vermin and impregnated with infection, may any year slay thousands of the most talented and the most beautiful of our age in Vienna, London, or Washington."

Extract from Inspection Report by Deputy Surgeon-General W. J. vanSomeren, m.d., dated 3rd December 1874.

There have been 158 in-patients and 2,264 out-patients. Diseases of stomach and bowels bulk largest among the diseases, and after them abscesses and ulcers and fevers.

I found four cases of gonorrhœa and one of syphilis among the six female patients present. Surely, when there are so many cases of such diseases there should be a special ward for them. Besides these six there was an insane woman in one of the special wards.

How supported.—By the Municipality and private subscriptions. An eastern ward and one for female venereal patients are certainly called for. Indeed, accommodation for caste patients, both male and female, is requisite, and probably this will best be provided by four small pucka huts being erected for them in the compound.

BEZWARAH.

Extract from Annual Report by Assistant Apothecary S. Sunjeevee.

Bezwarrah is one of the towns in the Kistna District, and is situated at the northern bank of that river. The population of the town is 5,140, and that of the district is about a million and a quarter.

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The hospital consists of two wards, in one of which the Police and in the other the Public Works Department patients are treated. The dispensary was opened here in August 1873, previous to which every applicant for medicine was charged exorbitantly for the same, and the money thus realized was remitted to the Public Works Department. The institution has been under the control of the Local Fund Boards. The accommodation for in-patients and the other necessary out-houses have not yet been constructed, and only the out-patients have been attended to. The admissions and deaths amongst the patients since the opening of the institution are as follows :—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1873	...	373	...	18¾	...	3
1874 (from 1st January to 31st March 1874)	...	463	...	31·8	...	2
1874-75	...	2,601	...	42½	...	10

There are few native practitioners in the town, and their favorite medicines are mercury and opium, which they prescribe for almost all diseases. The following are the European medicines procurable in the bazaars, and the natives use them more or less in their recipes :—Abri radix, acacia gummi, alum, aloes, acid sulphuric, acid nitric, assafœtida, arsenic, ammoniæ chloridum, benzoin, borax, cannabis, cloves, catechu, camphor, cupri sulphas, cubeba, dill, dipterocarpus balsam, ferri sulphas, galla, hemidesmus Indicus, hydrargyri subchlorid, musk, oleum anisi, oleum ricini, oleum crotonis, oleum sesami Indici, oleum terebinth, opium, piper nigrum, pot. Nitras, ptycotes fructus, quinine sulphas, senna Indica, sinapis Indica, sulphur, and zingiberis pulvis.

Vaccination has been carried on in the town by myself and by a Government Vaccinator; the majority of the people seem to be greatly prejudiced against the operation. There are no inoculators, native oculists, or lithotomists in the town.

Fevers, rheumatism, and skin diseases were the affections most common amongst the population of the town. Intermittent fever prevailed here during the year, and epidemically in the cold season. This special prevalence was coincident with the setting in of the north-east monsoon winds and rain. It broke out in the town and in the district in the month of October, and continued to prevail for four months. To itinerate through the villages stricken with this disease for the purpose of affording medical aid to the sufferers four native doctors who had some knowledge of English medicines and treatment were appointed and sent by the Collector, each on a salary of Rupees 20 per mensem, and were supplied with a large quantity of quinine pills and purgative powders with the necessary instructions how to use them. The results of these operations, I have been informed, have not yet been submitted to the office of the Head Assistant Collector. As these quinine distributors were men of high castes, I am afraid that they

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would not have rendered any aid to the sufferers among the poor and low classes of people. In the town fever was not so prevalent as in last year; the mortality from this disease, as recorded by the Curnam, was only four, but this statement is not reliable.

The dispensary is devoted exclusively to the treatment of out-door patients, and the large number of admissions during the year is a sufficient proof that the benefit of the institution has been widely appreciated. Not only the inhabitants of the town availed themselves of the medical aid, but also those of the surrounding villages at a distance of ten or fifteen miles. Most of them have recourse to hospital after they have undergone a course of treatment from native doctors, of whom there are few in the town. Caste prejudice exists among the Brahmins to some extent, but when native treatment fails to effect a cure, caste prejudice seems to relax its hold for a time.

Extract from Inspection Report by Deputy Surgeon-General W. J. vanSomeren, M.D., dated 2nd January 1875.

Conservancy of the neighborhood generally.—I have perambulated the town, both in some of its bye-ways and principal thoroughfares with the Tahsildar, who superintends the conservancy of Bezwarah, and am glad to be able to report its conservancy as fair. The principal streets were clean, the secondary and tertiary ones had some garbage about them, and the view of some private yards betrayed the existence of a large amount of refuse and litter in them. All this I pointed out to the Tahsildar as requiring removal, and also recommended that, as there are no artificial drains, each house should have its outside tarred masonry socket for a tarred metal bucket, to receive the fluid sewage, with a view to its easy removal, and the prevention of the present soakage of such sewage into the soil. The drainage of the town is natural and directed partly into the canal, and partly into a large tank to the north, from which also there is, during wet monsoon weather, a flow into the canal. There are no public latrines, the people either using their own privies or resorting to the sides of some high hills which skirt the town. I learn also that the banks of the canal are used, or rather abused, for purposes of nature, and have seen one drain directed towards the canal; such a state of matters and such arrangements are necessarily very objectionable, seeing that canal water is used for drinking by a large part of the population.

Principal diseases, &c.—Not a single death casualty has occurred in hospital, but amongst out-patients of the Civil Dispensary ten cases have been recorded under ten different heads.

Fever is reported by the Apothecary and also by the Tahsildar and the Rev. Mr. Ruthnum as less prevalent this year than the last.

How supported and maintained.—By the Local Fund Board, who intend to build a Civil Hospital on this site by the extension of the present hospital; Police and Public Works Department cases will then, I understand, be treated in the Civil Hospital, which will be the substantive institution. I

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strongly recommend demolition of all the houses east of the hospital for at twenty-five or thirty yards, which should then form part of the hospital compound.

Visitors' Book—General tenor of remarks.—Favorable as respects cleanliness and order of the hospital.

BHOWANY.

Extract from Annual Medical Report by Second-class Hospital Assistant P. C. THUMBOOSAWMY.

This town (Bhowany) is called under the name of Bhowany river, which runs west of it, in parallel to the Cavery, as far as its junction point, about ten furlongs south of the town, from which the boundary commences and extends as far as Kadiemputty village on the north, comprising an area of about half a square mile and a population of 6,523.

This institution (Bhowany Local Fund Dispensary) was established on the 1st January 1875.

Year.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1874-75	8	213	...	22½	1	...

The hospital contains two wards, 23¾′ × 13½′ and 15½′ × 13½′, and the surgery-room 15′ × 15′.

About fifteen native vydians abound in the place, and the state of their medicines cannot be vouched to have an effectual remedy on the patients, as they are more or less ignorant of its virtue.

No European medicines can be had here; the native practitioners use the only Indian drugs obtainable in the bazaar.

Vaccination is rapidly progressing, and people already begin to appreciate its benefit, and voluntarily offer their children for operation. There are no inoculators present.

BIMLIPATAM.

Extract from Annual Medical Report by First-class Assistant Apothecary J. XAVIER.

Bimlipatam, and History of the Institution, &c.—Bimlipatam is a small but rising seaport town in the Northern Circars in latitude 17° 53′ north and longitude 83° 27′ east, and 16 miles to north-east of Vizagapatam. It is situated at the foot of a range of hills composed chiefly of red sand stone and laterite, from 10 to 100 feet above sea level, bounded on the north by the

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backwater and main road to Chittavalsa, on the south by sand hills and sea, on the east by the sea, and on the west by a range of hills. The Municipal limits comprise an area of four square miles. The population according to the latest census is 8,827.

The dispensary was first opened in April 1863 in a small temporary thatched building on the west end of the town on a plot of ground known as the "Wax Factory." The present building was then in course of construction, and was completed about the middle of 1866. This institution was established for the convenience of the merchants and other residents of the town and shipping in the roads, who would otherwise have to apply to Vizagapatam, a distance of sixteen miles, the nearest station for competent medical aid. Prior to this Messrs. Arbuthnot & Co. had a small private dispensary attached to their factory at Chittavalsa, and a pensioned Apothecary was employed to tend to the requirements of their workmen and other residents of Bimlipatam requiring medical advice.

From 1863 to the latter end of 1874 the affairs of the hospital were managed by a chairman and three members chosen amongst the subscribers. This institution was up to the end of December last chiefly a private one, being supported by the people, by fees from ships and from sick non-subscribers, by sale of medicines and profits derived from the sale of wines, spirits, beer, and perfumery and other luxuries not provided by any other place of business in town. The Municipal and Local Funds did each subscribe 25 Rupees towards the payment of the salary of the medical officer, on condition that he performs all duties required by Government.

On the 17th December last the Government was pleased to take charge of the dispensary from the Hospital Committee, and transferred it to the Municipality for its better management; since then the shop has been abolished.

It is now supported by subscription from the people, from the shipping in the roads, Local Fund contribution, by the Maharajah of Vizianagram, and mainly by the Municipality.

There are several Hindu vydians in the town; none have as yet gained any kind of notoriety in the healing art. The better educated natives and Government officials have recourse to the hospital for treatment rather than applying to their own native practitioners. Medical cases in the wealthier classes seldom or ever apply for advice to the hospital, unless their own vydians fail in performing a cure, or when the patient is at death's door, when they do call in one they expect a speedy cure. Surgical cases, such as fractures, carbuncles, large abscesses, are all brought to the dispensary. Native Doctors acknowledge the superiority of English treatment in these cases to their own. The following are some of the chief English medicines in use in their practice. Calomel is given in venereal cases to salivation; argenti nitras to cauterize venereal sores and ulcers, and as an injection in gonorrhœa in any stage; potassio iodidum in secondary syphilis; quinæ sulphas and cinchona in fever; cajupati oil in chronic rheumatism; jalap and croton seeds as a purgative; ipecac as an emetic; peppermint oil in colic and dyspepsia; cinnamon oil as an external application in headaches, and opium in diarrhœa and chronic coughs.

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A Mahomedan oculist made his appearance a few months ago in the town and opened out a place of business on the main road near the market, where there is always a large concourse of people from morning till night. He, I am informed, operated on several cases of cataract and was successful in a few, but failed in the majority. After a short stay here he abruptly left the station to seek his fortune in some other place. There are no lithotomists about the station or district; in fact, a Hindu practitioner has not sufficient nerve to operate in any surgical case requiring cutting. They are afraid of injuring a "nerve," or some vital part which prevents them from operating.

The majority of the natives, both educated and uneducated, have an antipathy to be vaccinated, that only a comparatively few of them could be persuaded to avail themselves of the prophylactic. The poorer classes are in such a depraved state of ignorance that no argument whatever could overcome their old prejudices. They are so loath to any innovation. To surmount this difficulty the Municipality has for the past ten months held out a fee for all successful cases of vaccination, and since then the lower classes, especially the fishermen and chuckler caste people, who were so averse to the operation, have now come forward readily to be operated, simply to receive the fee. Time and advance of civilization will alone overcome their obstinacy. There are no inoculators about the station; they generally make their appearance once a year from the Hill Tracts about Gonipore, Jeypore, and Orissa District.

The dispensary continues to be well attended by all castes, and year by year the numbers resorting to it increase. The following is a comparative table showing the number of admissions, average daily sick, and total of deaths of in and out patients from the establishment of the dispensary:—

Year.	Total Admissions.		Average Daily Sick.		Total Deaths.		Remarks.
	In.	Out.	In.	Out.	In.	Out.	
1863-64	24	3,979		15	3	6	
1864-65	23	2,875		9	3	7	Records not in hospital.
1865-66	...	...	...	...	...	...	
1866-67	...	...	...	...	...	...	
1867-68	...	...	...	...	...	...	
1868-69	...	...	...	...	...	...	
1869-70	...	...	...	...	...	...	
1870-71	38	8,588	3¼	*	3	*	
1871-72	106	10,951	3⅓	30	4	...	
1872-73	145	11,041	6½	30⅓	11	...	
1873-74	156	8,036	5½	26	7	...	
1874-75	227	12,474	16¼	34	8	...	

Detailed narrative of any epidemic disease.—With the exception of small-pox, no other epidemic prevailed in the town or in the surrounding districts.

Principal diseases and classes of disease prevalent during the year.—Venereal disease prevails to a lamentable extent in this town; it is met with

* No record.

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in all classes and castes of people; ague is endemic, abscess and ulcers, general dropsy and contusion give the largest percentage of sick, both amongst the in and out door patients, children of all ages suffer considerably from parasitical disease, principally round worms. The presence of this parasite is characterized by a variety of symptoms, in some diarrhœa in others dysentery, and in the majority of cases obstinate fever. The toty class people (Lutchadee) who live chiefly on inferior beef are prone to tape worm.

It is worthy of observation that elephantiasis, which is very common at Vizagapatam, is not met with here. The people attribute this exemption to the purity of the water and salubrity of the climate. Lepers are not so numerous in this station as in Vizagapatam. There are twenty of them under treatment, fifteen are self-supporting, and the remaining five are dieted at the hospital, but live outside.

Extract from Inspection Report by Deputy Surgeon-General W. J. Vansomeren, M.D., dated 18th December 1874.

Hospital.—The building and its neighbourhood are clean. Situated on an eminence, its drainage is effective. It has a ward for native males, entered from the front verandah, which may be called No. 1, and behind it is No. 2, a ward for sick policemen. To the right of No. 1 is No. 3, allotted to European and Eurasian patients, and to its left No. 4 for Native females. No. 5 is an angular apartment walled off from the verandah, and occupied by European and Eurasian female sick.

The institution has been hitherto engaged in selling liquors, &c., to increase its funds, but this practice is about to be discontinued, and very rightly so too.

There is a so-called caste ward, which does not deserve the name, for it is a low erection of bamboo and palmyra leaves, with the ground for its floor, and a semi-partition of leaves to make it available for two patients. It lies to the right of the enclosure of the hospital, and is altogether unsuited to its alleged purpose.

Principal diseases.—Venereal affections bulk largest, and next to them beriberi, which caused two deaths under the head of anasarca. Eight deaths occurred during the year, and with the exception of anasarca, not more than *one* under any one disease.

How supported and maintained.—By the Local Fund Board and Municipality, and subscriptions. The Maharajah of Vizianagram gives Rupees *fifty* monthly. But still the money available from all these sources is found inadequate to meet all the requirements of the hospital. For example, it has been ruled that there should be a first-class Apothecary here, but there is not money enough to pay him.

Visitors' Book-General tenor of Remarks.—Very favorable.

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CALICUT.

Annual Medical Report by Surgeon-Major W. H. Roberts, M.D.

Name of Town, Population, &c.—The town of Calicut may be aptly termed the chief town of Malabar. It is second to none in population, and the head-quarters of the Collector, District Engineer, Police, the Treasury, and other officers are located here. The population of the town is about 47,962, that of the district 2,261,250, and extends over 6,002 square miles. This includes North and South Malabar. Tellicherry is the head-quarters of North Malabar. My medical charge is South Malabar, the population of which is 1,554,545 and area 3,464 square miles.

Date of Establishment.—Of the date of the establishment of this dispensary I can get no authentic information, but it was in existence on the 1st September 1845, when Mr. Conolly was Collector of the district.

By whom originated.—It is believed that Mr. Conolly, when Collector of Malabar, originated and established this dispensary.

How supported.—Till within the last ten years this institution, like all others of its kind in the land, was supported by Government. When the self-supporting system was inaugurated a fund of Rupees 25,500 was raised, and more or less of it invested, at good interest, in loans to private individuals on the security of landed property. The hospital expenditure is met by money thus accruing, the balance being equally met by grants from the Local Fund Board and Municipal Commission.

What Medical Officers have been in charge.—A list is appended of the medical officers who have been in charge. I can get no information going further back than 1852, though I know for a fact that medical officers were here prior to 1852, *e.g.*, Dr. Buchanan.

Medical Officers who were in charge of the Calicut Dispensary.

Years.		Names.
1845	... ...	...
1846	... ...	...
1847	... ...	...
1848	... ...	...
1849	... ...	...
1850	... ...	...
1851	... ...	...
1852, 1853	... ...	Assistant Surgeon W. H. Davids.
1854, 1855	... ...	Do. E. J. Barker.
1856	... ...	Do. E. S. Cleveland.
1857	... ...	Do. H. M. Ross.
1858, 1859, 1860, 1861	... ...	Do. E. S. Cleveland.
1862	... ...	Do. S. J. Windowe.

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Years.			Names.
1863 / 1864 / 1865 / 1866	...	...	Assistant Surgeon R. E. Pearse.
1867	... ...	...	Do. E. F. Brockman.
1868	... ...	...	Do. E. F. Brockman and W. A. Smith.
1869 / 1870 / 1871 / 1872 / 1873 / 1874-75	... ...	...	Do. W. H. Roberts.

Statement showing the Number of Admissions, Deaths, &c., of the Calicut Civil Dispensary in each Year.

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1845	9	187	...	...	...	...
1846	66	1,061	...	...	...	...
1847	106	1,180	...	...	...	...
1848	119	1,086	...	...	...	...
1849	92	1,302	...	...	...	...
1850	126	1,462	...	...	...	...
1851	124	1,763	...	...	...	...
1852	128	2,018	8¼	88¼	20	3
1853	153	3,134	10¼	50¾	20	7
1854	268	2,967	16¾	48½	41	10
1855	239	4,646	17	96	23	2
1856	305	4,800	22	106	35	...
1857	320	5,900	24	99	28	2
1858	363	6,346	32	119	27	3
1859	384	5,600	36	139 11/12	37	13
1860	364	6,322	37	135	26	10
1861	187	7,731	18	123	12	6
1862	280	2,957	14	45	13	4
1863	529	4,182	21	44	25	10
1864	452	3,563	21	26	19	2
1865	312	3,667	15	35	47	...
1866	326	3,496	18	26	47	1
1867	289	3,975	15	35	47	2
1868	268	3,949	17·16	39·35	40	2
1869	433	7,523	25·65	79·58	69	5
1870	314	8,664	20·53	100·01	30	1
1871	230	8,768	10·53	95·55	27	2
1872	302	7,443	14·76	90·32	28	1
1873	338	7,958	20·45	88·13	24	...
1874-75 ...	611	11,168	28·25	157·55	64	...

The Calicut Civil Dispensary has done good work during the year; 11,772 patients of all classes were treated. In no previous year since its establishment has this number been exceeded.

There were forty-nine self-dieting patients.

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			Out-patients.	In-patients.
Europeans	Admissions	... ...	2,179	13
	Deaths	... ...	...	3
	Daily sick ...	... ...	36·57	·25
Natives	Admissions	... ...	8,989	598
	Deaths	... ...	...	61
	Daily sick ...	... ...	120·98	28·0

The mortality among the native in-patients is alarmingly great; an explanatory statement is appended. The hopeless condition in which many were brought to hospital, suffering from maladies of the greatest kind, tended to this result. The chief diseases causing death were fevers, diarrhœa, dysentery, and general dropsy.

The seasons were favorable; the rainfall plentiful—139 inches and somewhat over the average. The public health was good, though small-pox prevailed to a more or less extent throughout the year.

The small-pox above referred to may be said to have resumed its endemic condition in these parts. There has been no epidemic visitation from it or other diseases.

The financial statement is appended. There is no lying-in ward. One is very urgently required.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 6th October 1874.

Conservancy of the neighbourhood generally.—The municipality, within whose limits and control this dispensary is placed, has made due provision for an effective conservancy of the neighbourhood of the hospital and of the town generally.

Hospital.—Inspected on this occasion with the required minuteness. A very satisfactory report is to be made of the efficient working of the institution—one which evidently is held in high estimation by the inhabitants of the town and its neighbourhood. Its wards were clean, and the structural condition of the buildings in very fair order, considering the rigorous monsoon rains which have, as I write, scarcely subsided. The compound is clean and free from jungle, and the drainage satisfactory.

Principal diseases.—The following table will be found to afford the information required under this heading :—

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Diseases.	1870.				1871.				1872.				1873.				1874.			
	In.		Out.		In.		Out.		In.		Out.		In.		Out.		In.		Out.	
	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.
Fevers	46	2	835	...	28	1	812	...	67	...	640	...	62	...	744	...	118	9	947	...
Rheumatic affections.	19	2	339	...	10	1	323	...	18	2	282	...	19	1	281	...	18	...	301	...
Syphilis	44	1	310	...	10	2	224	...	12	...	132	...	26	...	172	...	30	3	202	...
General dropsy ...	14	5	101	...	31	8	77	1	19	5	44	...	22	6	50	...	28	6	57	...
Phthisis pulmonalis ...	...	...	15	...	2	1	23	...	2	2	7	1	2	1	4	...	2	1	14	...
Bronchitis, acute and chronic.	5	2	365	...	3	...	291	...	2	...	410	...	3	...	418	...	6	1	475	...
Asthma	6	2	70	...	...	...	24	..	1	...	40	...	34	2	82	...	1	...	71	...
Dyspepsia	4	...	285	...	2	...	293	...	...	...	171	...	5	...	144	...	1	...	118	...
Dysentery	6	2	208	...	8	...	117	...	6	1	57	...	2	...	90	...	16	6	230	...
Diarrhœa	6	3	299	...	8	3	290	...	14	8	258	..	20	7	316	...	20	7	400	...
Ascaris lumbricoides.	...	...	448	...	1	...	685	...	...	...	558	...	...	...	738	...	...	...	495	...
Abscesses	4	2	67	...	9	1	76	...	3	...	48	...	7	1	51	...	7	1	39	...
Ulcer...	24	...	502	...	18	2	538	...	17	...	440	...	20	1	289	...	28	1	291	...
Itch	9	...	549	...	1	...	521	...	1	...	339	...	6	...	541	...	4	...	474	...
Boil	1	...	208	...	...	...	165	...	...	...	147	...	...	...	104	...	...	...	93	...
General debility ...	8	2	176	...	5	...	285	...	4	3	232	...	7	...	269	...	9	1	143	...
Wounds	32	1	520	...	42	3	450	..	49	2	267	...	47	3	270	...	29	...	250	...
Fractures	11	1	3	..	12	1	9	...	10	2	2	...	7	...	1	...	1	...	1	...
Total ...	239	25	...	...	190	23	...	...	225	25	...	...	289	22	...	...	318	36	...	...

Comparative Table.

Number of self-supporting Sick.		Patients.	In.		Out.	
1873.	1874.	Years.	A.	D.	A.	D.
25	46	1870	314	30	8,664	...
		1871	230	27	8,768	2
		1872	302	17	7,443	1
		1873	338	24	7,958	...
		1874	429	44	7,723	...

Visitors' Book-General tenor of Remarks.—Satisfactory.

Leper Hospital, Calicut.

Extract from Annual Medical Report by Surgeon-Major W. H. Roberts, M.D.

Total number of cases treated during the past official year was 85; of these ten died.

Average daily number of sick, 24·39.

Diarrhœa, dysentery, and exhaustion were the immediate causes of death.

Hospital Building.—The hospital is in good repair, the whole floor having been just asphalted.

Bedding and Clothing in good condition and sufficient.

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Extract from Inspection Report by Deputy Surgeon-General W. JOHNSTON, M.D., dated 6th October 1874.

Conservancy of the neighbourhood of this hospital is under municipal control of superintendence, all that could be desired.

Hospital.—On the present occasion of its inspection the hospital, with its attached buildings, was found all that could be desired, in respect of structural condition, cleanliness of its wards, and internal economy. The latrine is on the trench system, and coal-tar and dry earth are freely used. The excreta are daily carted off under municipal arrangements. Water of an excellent quality is obtained from a deep well in the vicinage of the hospital.

How supported and maintained.—By Government and the Municipality.

SMALL-POX HOSPITAL CALICUT.

A hundred cases were received into hospital during the year; 34 died—all of these had not been vaccinated. The immediate causes of death were diarrhœa, dysentery, hæmorrhage from bowels, suppression of the pock. Of the 100 cases 44 were confluent, 56 of the discrete variety.

Bedding and Clothing are in good condition and sufficient.

CANNANORE.

Extract from Annual Medical Report by Surgeon-Major F. FLETCHER.

Date of Establishment.—The Civil Dispensary was established under the municipality on the 4th December 1874. Previous to that date the sick of Civil population were treated in the Garrison Hospital.

By whom originated.—By the Government of Madras.

How supported.—By Municipal Funds.

Dimensions of Hospitals.—The hospital was formerly a dwelling house, and it remains in the same condition; no alterations or additions have been made, with the exception of a dead-house, two latrines and covered passage leading to them.

Observations on the climate, &c.—From 1st January to 31st March 1875 there has been a total absence of rain. Land winds have prevailed, giving rise to colds, diarrhœa, dysentery, and rheumatism; but severe sickness has not prevailed here or in surrounding neighbourhood.

Civil Dispensary, &c.—The Civil Dispensary was placed by order of Government under the municipality on the 4th of December, and all ordinary charges are borne by it, such as medicines, furniture, bedding and clothing, dieting, rent of building, servants, &c.

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Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 18th September 1874.

Conservancy of the neighbourhood generally.—The town and station of Cannanore are endowed with a municipality, under whose action, and with a full appreciation of its responsibilities, sanitary and conservancy arrangements receive, and are steadily acquiring development, and since the building in which the work of the dispensary is now being conducted is within municipal limits, its sanitary conditions are not neglected.

The following is a comparative table of sickness and mortality for the last five years with the principal diseases treated :—

—	1870.				1871.				1872.				1873.				1874.			
	In.		Out.		In.		Out.		In.		Out.		In.		Out.		In.		Out.	
	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.
Sub-Division A. ...	2	...	...	...	3	...	...	...	5	1	...	...	23	3	151	...	23	...	311	...
Do. B. ...	2	...	...	...	4	1	...	...	5	...	...	...	6	...	194	...	17	...	97	...
Diseases of the Nervous System ...	3	...	...	...	1	...	...	..	2	...	...	...	4	...	20	...	3	...	15	...
Diseases of the Eye.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	18	...	...	...	8	...
Do. Ear	...	...	...	...	...	...	...	...	...	...	...	...	...	...	20	...	...	...	17	...
Do. Nose ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
Do. Circulatory system ...	2	...	...	...	...	...	...	...	1	1	..	...	3	1	4	...	1	...	9	...
Diseases of the Absorbent system.	1	...	...	...	2	...	...	...	...	...	...	...	...	...	1	...	...	...	4	...
Diseases of the Respiratory system.	3	...	...	...	5	3	...	...	3	1	...	...	2	...	100	...	3	...	140	...
Diseases of the Digestive system.	5	2	...	...	5	3	...	...	3	...	...	...	7	2	536	1	9	...	701	...
Diseases of the Urinary system ...	2	...	...	...	3	1	...	...	2	...	...	...	1	...	11	...	...	...	19	...
Diseases of the Generative system ...	...	...	...	...	...	...	...	...	2	...	...	...	1	...	12	...	3	...	21	...
Diseases of the Locomotion ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	6	...
Diseases of the Cellular Tissue ...	1	...	...	...	...	...	...	...	5	...	...	...	2	...	10	...	5	...	32	...
Diseases of the Cutaneous system ...	3	...	.	...	7	4	...	...	2	1	...	...	11	2	134	...	9	...	152	...
General Debility ...	1	...	...	...	...	...	...	...	...	...	...	...	..	...	2	...	3	...	12	...
Poisons	...	...	...	...	...	...	...	...	...	...	...	...	...	..	4	...	4	...	19	...
Accidents	4	1	...	...	7	5	...	...	26	4	...	...	22	4	83	...	5	...	40	...

CAROOR.

Extract from Medical Report by Passed Hospital Apprentice P. Moonesawmy Moodelly.

Strength	9,512
Remained on the 31st March 1874	35
Admitted	6,824

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Discharged	6,787
Died	7
Remaining on the 31st March 1875	65
Average number of sick	51·39

The dispensary at this station has made no provision for the admission and dieting of in-patients, and therefore the above figures only indicate the number of out-door patients that were admitted for treatment and discharged.

The number of admissions during the year under review compare very favorably with the numbers of the preceding year, the numbers of 1874-75 being 6,824 against 2,740 in 1873-74, and show an increase of 4,084 admissions, or 150 per cent. So far the working of the institution is satisfactory.

These figures speak for themselves as to the favourable impression the dispensary has succeeded in making on the minds of people, and I do not therefore here repeat what has been said in past reports about people appreciating the value of English medicines and beginning to resort to the hospital in crowds in full hopes of obtaining immediate relief.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 2nd January 1875.

Hospital.—On the 22nd October last a new building was occupied in which the work of the dispensary is now conducted. This new structure is, in every respect, well adapted to its object, and quite equal to the wants of the suffering poor of the town whose population now numbers 9,500 souls. It may be added only very recently the Towns' Improvement Act has come into operation, and the result will no doubt be gradual removal of the many insanitary conditions adverted to in former inspection reports, and which tended to the injury of the public health. Structurally this building is all that could be desired, and its sub-divisions are a large male ward, a female ward, surgery and consulting room, office-room, store-room, and two bath-rooms, one for either sex. A deep verandah surrounds it. The ventilation is conducted by means of windows and oval eaves openings. The roof is a tiled one. The accompanying well-executed ground plan will assist the description now given and the dimensions of the various apartments specified *et supra.*

Principal diseases for the last year.—The following table will be found to furnish the information called for under this paragraph as a comparative table :—

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Principal Diseases.	Out-patients. 1872.	1873.	1874.	Principal Diseases.	Out-patients. 1872.	1873.	1874.
Febricula	46	201	168	Dysentery	14	39	84
Ague	84	249	344	Diarrhœa	15	64	91
Febris remittent ...	...	1	149	Colica	11	41	193
Rheumatism ...	19	43	290	Ascaris lumbricoides.	11	19	80
Syphilis primary ...	6	12	35	Gonorrhœa	4	19	47
Do. secondary...	3	3	37	Dysmenorrhœa ...	...	...	17
Anæmia	1	5	52	Synovitis	...	...	7
General dropsy ...	7	12	23	Ringworm	...	...	20
Conjunctivitis ...	71	144	654	Abscesses	17	18	35
Inflammation membrane tymp.	43	64	205	Ulcer	128	314	601
				Boil	21	104	243
Deafness	...	...	54	Itch	35	110	507
Inflammation of glands.	...	...	29	Psoriasis	10	10	19
				General debility ...	5	14	123
Bronchitis	21	45	82	Wounds	16	44	145
Asthma	...	...	80	Burns and scalds ...	3	12	18
Dyspepsia	21	52	246				

Comparative Table.

	Out-patients.
1872	837
1873	2,273
1874	6,067

CHELLUMBRUM.

Extract from Medical Report by First-class Hospital Assistant P. Ragava Row, No. 471.

Name of Town. Population of Town.—Chellumbrum is the largest and most populous town in the South Arcot District, 26 miles to the south of Cuddalore, containing about 122 streets, 4,000 houses, with a population of 17,000 inhabitants. The population of the district is 1,755,817.

Date of Establishment.—The dispensary at this station was established on the 2nd December 1867 at the request of the people of the locality. Till 1872 it was supported by voluntary contributions, the interest of invested funds meeting the expenditure. Since 1873 it is being maintained by the Local Fund Board. From the date of the establishment of this dispensary down to the present year I have been in charge, and I wish to add that, on a few occasions, the First-class Hospital Assistants M. Valoydum Pillay, V. Bulram, and M. Ramasawmy Moodaliar had been in charge for a few months.

There is no special Government building for the dispensary, but it is located in a small rented house which is shockingly incommodious. I am glad to state the Local Fund Board, Virdachellum Circle, has already passed a resolution to have a commodious building erected for the dispensary in this town.

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By whom originated.—The circumstances under which the present institution was originated may not be, I believe, out of place under this head. For several years before the establishment of a dispensary in this locality cholera annually committed immense havoc in the town and the surrounding villages, and there were not a few who fell victims to this disease, for which the people found no remedy. The prevalence of cholera in those days is to be attributed to the great nuisance caused by people of various classes who rushed in, in thick crowds, from different quarters to witness the celebration of the two pre-eminent festivals that are being conducted in the months of June and December in honor of SIVA. The people were, therefore, constrained to send up a memorial to Government to establish a hospital here which they undoubtedly thought would confer on them a great boon. The Government very kindly listened to their prayer. "Medical officer and medicines were provided." It is needless to me to dwell upon the history, as the annual reports will clearly show how the institution has been working since its origin, what great blessings it has bestowed upon the needy and the sick, and how greatly it is liked by the public who have had time and grounds enough to experience the beneficial effects of English medicines.

State of Medicine among Native Practitioners.—The Native practitioners or Vydians generally do not possess medicines of good quality. They purchase drugs from the local bazaars and prepare them into pills, powders, decoctions, and electuaries as occasion demands. In my opinion these medicines do, in a few instances, prove effective, and in majority of cases they rather than doing good materially injure the constitution of the patients.

Vaccination.—I regret to say that the state of vaccination is not to my satisfaction. It is indeed very shocking that in these days of enlightenment the people of this locality should be so ignorant and so shrouded in darkness as not to appreciate the valuable benefits of vaccination. The few and intelligent who really know its advantages care little or nothing to vaccinate their children, and the vaccinators have to wait with patience, indeed long patience for a number of days, at the door of the rich before the children are submitted to them for the operation, and in many instances it is almost impossible to get lymph from them. With the ignorant, who I suppose form the major portion of the population, the case is extremely lamentable. They on superstitious grounds totally refuse to have their children vaccinated, attributing the prevalence of small-pox to the goddess MAREEATHAH, who alone they think can relieve them from their distress caused by this disease. I wish to add that the DIKSHADEES are so bigoted that the very idea of vaccinating their children harasses them.

At my request the Municipality appointed a vaccinator who is attached to the dispensary. He operates within the municipal limits. During the course of this year he vaccinated 258 cases, 20 of which proved unsuccessful. The vaccinator has really striven hard to get so many cases, seeing that he is only salaried, and that no batta has been given to the parents, which it is needless to say will be a strong inducement for the vaccinator to work more energetically, and the mass of people to submit their children for the

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operation with little hesitation. I suggest that the results grant system should be introduced with as little delay as possible.

During the year under report 3,769 Natives, 5 Europeans, and 3 East Indians were admitted at this institution as out-door patients, thus showing a decrease of 224 when compared with the preceding year, a result clearly exhibiting the improvement in the state of public health. The average daily attendance was 36, and the average monthly admissions exceed 300.

CHEYRALAH.

Extract from Medical Report by Passed Hospital Apprentice F. BLAKE.

Name of Town. Population of Town and Districts.—Cheyralah, a village situated in the Bapatla Taluq of the Guntoor District, contains a population of 8,604 (females 4,611, males 3,993).

Date of Establishment.—A proposal having been made by the Local Fund Board, Guntoor Circle, for the establishment of a dispensary in the abovenamed village, and having been acceded to by Government, steps were taken for carrying it out, and temporary rooms were employed to serve the purposes of a dispensary till a permanent building be erected. The subordinate ordered to assume charge arrived in the village on the 20th September 1874, and on the 15th December, after the receipt of medicines previously indented for, the establishment began. No permanent building has been yet erected.

By whom originated.—Local Fund Board, Guntoor Circle.

How supported.—The establishment is supported by the Local Fund Board, Guntoor Circle.

What Medical Officers have been in charge.—Passed Hospital Apprentice F. Blake was the first subordinate appointed, and still retains charge.

Since date of opening the number of admissions, average daily sick, and total deaths.—Since date of opening the dispensary (15th December 1874) the number of admissions has been as follows:—

Year.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1874, from 15th to 31st December.	...	50	...	3⅛	...	...
1875, up to 31st March	...	27	...	9·3	...	4

Dimensions of the Hospital.—The dimensions of the two rooms now in temporary use are 6 × 4 yards and 4 × 2½ yards.

State of Medicine among Native Practitioners, Hakeems or Tahibs, Pundit or Vydian, or others.—Medicine among Native Practitioners here is in a very

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unadvanced and primitive state, all but the mildest forms of the simplest disease resisting treatment adopted, and which in every instance is purely empirical. In treating diseases no pains are taken to diagnose the malady, but on the contrary, whilst this is overlooked, the greatest importance appears to be attached to the finding out the "cause" which is said to be distinguishable by the nature of the pulse. All diseases which are attributed to the agency of evil spirits are attributed to one of three causes, *viz.*, "heat," "cold," or "biliousness," and for the removal of which certain stated medicines are prescribed. Together with medicinal treatment a rigorous "diet" is always ordered, and this consists in abstinence from certain articles of food, or, when the occasion appears to call for it, no food whatever is allowed for a longer or shorter time. In short, the diet is always unsupporting, and tends sometimes more than the disease itself to hasten the patient's death.

What European Medicines are available in the Bazaar, and to what extent do Native Practitioners or the People use them.—The only medicines available in the bazaar are opium, mercury, antimonial preparations, Indian hemp, camphor, sulphur, and nitrate of potash. They are used to some extent by hakeems and the people.

State of Vaccination, and view of the People as to its virtues. Are there Inoculators present.—Vaccination in this village is in a very undesirable state. But few individuals are vaccinated, the mass of the people being either marked with small-pox or in an unprotected condition.

This is due to their disbelief in its virtues, for which reason they steadily refuse to have the operation performed.

The opinion with regard to it held by the people is that it is positively injurious, inasmuch they say that it only tends to keep "within the body" the small-pox which would otherwise come out, and thereby "clear the blood of its impurities;" and that its remaining "in the body" only predisposes the child to diseases of a more serious nature.

Another absurd opinion held is that the visitation of small-pox is a manifestation of the pleasure of the small-pox deity.

General state of Public Health.—The general state of public health is good. Exclusive of the number of admissions for "constipated," the prevalent diseases since the opening of the dispensary have been rheumatism, chronic ulcer, and dyspepsia chronic, the admissions for which are respectively 30, 23, and 14.

Since the opening of the dispensary the returns show an average number of admissions out of the latter, of which (267) four deaths have occurred, one each from anæmia, phthisis pulmonalis, icterus, and burn.

The building used as a dispensary is found to be both from its smallness and situation unsuitable as a place where sick have to be attended to.

The establishment at present is deficient of one member, *viz.*, a sweeper, a servant absolutely needed to perform the menial work of the establishment. The sweeper first engaged resigned his post in the month of February, since

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which time, owing to no other having been appointed to fill the vacancy, the daily work of the establishment does not proceed as satisfactorily as it used.

CHICACOLE.

Extract from Medical Report by Honorary Surgeon D. GILLESPIE.

Name of Town. Population of Town and of District.—Population of town 15,587; population of Ganjam District 1,388,976.

Date of Establishment.—The Civil Dispensary was opened on 10th June 1850.

By whom originated.—By Dr. Rogers and W. Knox, Esq., Collector.

How supported.—Supported by Government from 1850 to 1863, and by voluntary contributions by European and well-to-do Native gentlemen, as well as by some of the inferior Government servants from 2 Annas to 2 Rupees per mensem. The Bubly Ranee and one of the Native proprietors subscribed Rupees 100 each per annum for two or three years, but they have ceased subscribing the last six or seven years. Messrs. Arbuthnot and Co. subscribed Rupees 100 per annum for six years, but as soon as a dispensary was established by themselves at Palcondah in 1870 they have discontinued subscribing for this one. The Maharajah of Vizianagram has contributed Rupees 50 per mensem since January 1867, and is continuing the same. In 1871-72 the institution was transferred to the Municipality of Chicacole.

What Medical Officers have been in charge.—

Assistant Surgeon M. Rogers.
Do. J. D. Gillies.
Do. S. J. Wyndowe.
Surgeon R. Sutliffe.
Assistant Surgeon S. J. Wyndowe.
Do. G. H. Alexander.
Do. C. A. Andrews.
Surgeon J. H. Blackwell.
Assistant Surgeon W. H. Rean, M.D.
Do. R. W. Cockerill.
Assistant Apothecary J. J. Watts.
Do. C. T. Brown.
Honorary Surgeon D. Gillespie.
Assistant Apothecary E. Ailsworth.
Honorary Surgeon D. Gillespie.

In each year since opening, or as far back as possible, give the following data:—

Year.	Total Admissions.		Average Daily Sick.		Total Deaths.		Year.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.		In.	Out.	In.	Out.	In.	Out.
1850	60	823	1½	55½	10	4	1863	193	3,604	16	27¼	6	1
1851	81	1,516	14¼	29¾	7	6	1864	189	3,383	14½	23¼	6	2
1852	141	2,465	24	55	7	12	1865	126	3,711	14¾	18¼	1	5
1853	165	2,781	27	55	16	8	1866	166	4,738	16½	18¾	15	35
1854	476	2,791	59¼	59½	66	20	1867	130	3,858	13¼	25¼	4	1
1855	387	3,208	57	81	27	8	1868	129	4,431	12⅛	24 6/12	10	4
1856	98	1,097	31	91½	8	1	1869	124	3,120	12	22½	5	1
1857	126	3,285	15½	73½	7	4	1870	109	2,810	13⅛	28¼	9	1
1858	189	4,752	17½	76	5	...	1871	122	2,379	12¾	28	6	3
1859	278	4,642	25 1/16	87	8	1	1872	137	3,053	10	32½	14	3
1860	265	5,231	15½	86½	11	...	1873	99	3,340	9½	32½	17	3
1861	234	3,117	17¼	59¼	15	1	1874*	25	1,063	6½	40¼	2	...
1862	279	3,871	17	43	19	1	1874-75	138	3,831	10 1/12	37 2/12	10	7

* Supplementary returns for January, February, and March.

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Dimensions of Hospital.—Male wards three in number; the main ward 35′ 4″ × 18′ 1″ gives accommodation to eight patients, the second or special ward 18′ 3″ × 16′ 11″ gives accommodation to four patients, and the third or contagious ward 12′ 3″ × 10′ 5″ to one patient.

Female wards two in number in a separate block 30′ × 15″ each, and gives accommodation to four patients each.

State of Medicine among the Native Practitioners, &c., or others.—Native Practitioners make use of their own medicines as prepared by themselves, and very frequently resort to some of the European medicines which are available in the bazaar, such as calomel, essence of peppermint, and sulphate of quinine.

What European Medicines are available in the Bazaar, and to what extent do Native Practitioners or the People use them.—European medicines available in the bazaar are calomel, chlorodyne, essence of peppermint, oil of turpentine, and sulphate of quinine. The former medicine, *viz.*, calomel, is not only used by the Native practitioners with confidence, but the inhabitants in the Northern District who know any thing at all about calomel use it with greater confidence to new-born infants, and for colds in adults. It is called "salvasum" by them.

State of Vaccination, and view of the People as to its virtues. Are there Inoculators present.—Vaccination is in a deplorable state. It is carried out by the Municipal Vaccinator of the town and the medical subordinates attached to the Civil Dispensary and the Principal Assistant Collector with the greatest difficulty; the Natives have no confidence in vaccination; hence their great antipathy to the introduction of such a blessing; they have greater faith in inoculation, though there are no inoculators in this station.

An offer of ½ Anna is made to each subject child vaccinated and continued for seven days, making a total of 3½ Annas for each child to the parents or guardians; but all these inducements are almost ineffectual; they would rather go a-begging than submit to vaccination. The Mahomedan population is the only caste that appreciate vaccination, as also some few intelligent and respectable Hindus.

This institution has given relief to 86 Europeans and East Indians and 3,969 Natives, of which number were 4 European in-patients and 82 out-patients, 138 Native in-patients and 3,831 out-patients. The number of admissions exceeded that of last year by 616 among in and out patients; of these were Europeans, &c., 27 and Natives 589. The increase amongst Natives was owing to a large number of them coming for treatment from the neighbouring villages as well as from more remote hamlets and villages of the district, as they have great confidence in European treatment, and return to their homes quite pleased and satisfied by the relief afforded.

The prevailing diseases during the past year have been fevers, rheumatisms, ear-aches, bronchial affections, dyspepsia, diarrhœa, ulcers and scabies.

The average daily number of in-patients were $10\frac{1}{12}$ and out-patients $37\frac{2}{12}$.

The institution is supported by His Highness the Maharajah of Vizianagram, K.C.S.I., who subscribes Rupees 50 per mensem, and by the Municipality of the town as well as by the European gentlemen of the town.

The wants of the in-patients were well attended to, and provisions duly inspected by me before issued.

A thatched hut with out-houses for admitting caste patients within the dispensary compound have been erected and are ready for use.

Extract from Inspection Report by Deputy Surgeon-General W. J. VANSOMEREN, M.D., dated 17th December 1874.

Hospital.—The building and neighbourhood are both clean, and their sanitary condition excellent. Fall of the ground on which the hospital is built, northwards and westwards, effectually drains the premises.

Principal diseases.—Malarial fevers bulk largest, but only one death occurred in hospital from this cause; and a solitary casualty also took place under the heads of dysentery, fracture of tibia, rheumatism and ulcer, and three under venereal affections. A considerable number of cases were treated for rheumatism and venereal diseases.

Visitors' Book—General tenor of remarks.—Very favourable.

CHINGLEPUT.

Extract from Medical Report by Surgeon E. A. TRIMNELL.

Name of the Town.—Chingleput, chief town of the district of that name; has a population of 7,973, including the neighbouring villages of Natham and Goondoor. The population of the district is 949,808, being 328 to the square mile. The town of Chingleput, thirty-five miles to the south-west of Madras, is almost surrounded by rocky hills, and is three miles distant from the Palar river. It consists of three principal streets, *viz.*, the Brahmin, Trichinoply, and Hindu or Bazaar Street. There are also several smaller lanes and roads. The street has masonry drains on each side, but the others have merely open trenches on each side for surface drainage.

Date of Establishment.—1st June 1850.

Originated by Government assisted by private contributors.

It is supported by the Chingleput Local Fund Board. The original funds were handed over to the Local Fund Board, together with the building and furniture, on the 22nd January 1872.

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Names of Medical Officers who have been in charge.

Names.	Rank.	Year.	Names.	Rank.	Year.
J. Fitzpatrick ...	Assistant Surgeon.	1850.	W. Busteed ...	Assistant Surgeon.	1865, 1866.
J. Crawford ...	Do. ...		Do. ...	Do. ...	1867.
A. O. Currie, M.D.	Do. ...	1851, 1852.	L. C. Nanney ...	Do. ...	
J. A. Batton ...	Do. ...	1853, 1854, 1855, & 1856.	C. N. Cullinan ...	Do. ...	
			Do. ...	Do. ...	1868.
R. Arnold ...	Do. ...	1857.	R. Thomson ...	Do. ...	
J. Shortt, M.D. ...	Do. ...		Do. ...	Do. ...	1869.
Do. ...	Do. ...	1858.	F. L. Clementson.	Sgn.-Maj.	
Do. ...	Do. ...	1859.	Do. ...	Do. ...	1870.
J. Murray ...	Do. ...		Do. ...	Do. ...	1871.
H. Adam ...	Do. ...		C. O. Andrews ...	Surgeon.	
Do. ...	Do. ...	1860.	E. A. Trimnell ...	Assistant Surgeon.	
W. Farquhar, M.D.	Do. ...				
J. Shortt, M.D. ...	Do. ...	1861, 1862, 1863, & 1864.	Do. ...	Surgeon.	1872, 1873, 1874, & 1875.

Year.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1850 ...	50	855	5¼	27¾	2	1
1851 ...	97	2,265	6	29¼	3	3
1852 ...	213	3,536	11¼	50	9	3
1853 ...	226	6,845	79½	...	8	6
1854 ...	238	8,384	18	71	12	6
1855 ...	171	8,556	12⅓	69½	13	...
1856 ...	216	8,533	14¾	69	8	2
1857 ...	158	8,737	10½	65¼	13	1
1858 ...	238	8,942	14⅛	64¾	16	...
1859 ...	138	8,747	16	61⅞	7	...
1860 ...	166	9,410	13¼	61¼	13	...
1861 ...	138	9,720	12¼	59½	12	...
1862 ...	137	10,006	71¾	...	11	...
1863 ...	145	9,129	10¼	61¾	10	...
1864* ...	98	8,093	6¾	49½	6	...
1865† ...	132	7,248	47	...	2	...
1866 ...	126	5,404	5	44¼	7	...
1867 ...	71	3,094	3¼	28¼	6	...
1868 ...	78	2,563	2¼	14¼	9	...
1869 ...	57	2,395	3⅛	13¼	2	...
1870 ...	42	2,992	3·33	15·56	7	...
1871 ...	56	3,189	$\frac{44}{365}$	8½	4	...
1872 ...	146	4,302	6·12	23·20	6	...
1873 ...	131	5,526	4·91	29·56	13	...
1874-75	172	5,167	8·51	29·78	20	...

From this table it will be seen that the Civil Dispensary was at the zenith of its popularity in the year 1862, when there were over 10,000 out-patients. Since then the number has gradually fallen, till in the year 1869 the number of out-patients was only 2,395, and in 1871 the daily average of in-patients was a fraction, and that of out-patients 8½. The following year there was a sudden increase, the in-patients amounting to 146 and the out-patients to 4,302, and in the following year, there was over a thousand increase in the out-patients. During the past year there has been a larger number of in-patients than there has been since 1858. I am much inclined to think that the Civil Dispensary at Conjeveram, which was opened in 1863, has something to answer for the diminished number of patients, as the number steadily declined from that time; and as the number of patients now attending

* Government assistance towards paying for diet of in-patients, perishable articles, country medicines, &c., ceased during the year.

† Government pay to the servants of the dispensary ceased on the 30th April.

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is about two-thirds of the entire population of the town and two adjoining villages, it shows that a large number of patients come from the surrounding villages.

Statement showing the Superficial and Cubic Contents of each Ward of the Civil Dispensary, Chingleput.

—	Measurement.			Cubic Contents.	Superficial Area.
	Length.	Breadth.	Length.		
	FEET.	FEET.	FEET.	C. FT.	
No. 1. General Male Ward	40½	17	14¾	11,187-10½	688½
No. 2. Small do.	17	17	14¾	4,262	289
No. 3. Surgery	20½	17	14¾	5,140	348½
No. 4. Female Ward	23½	17	14¾	5,892	399½
No. 5. Police do.	27	17	14¾	6,770¼	450
No. 6. Police Surgery	11	7¾	12½	1,065½	85¼
No. 7. Insane Ward	11	7¾	12½	1,065½	85¼
Bath-room No. 1	7¾	7¾	12½	750¾	60⅙
Do. No. 2	7¾	7¾	12½	750¾	$60\frac{1}{16}$
Do. No. 3	11	7¾	12½	1,065½	85¼
Do. No. 4	11	7¾	12½	1,065½	85¼
Contagious Disease Ward No. 1 ...	12	18	14	3,024	216
Do. do. No. 2 ...	12	18	14	3,024	216

There is now no separate Police Hospital, a ward and surgery in the Civil Dispensary having been placed on January 26th, 1875, at the disposal of the Police for sick patients, on condition of their paying to the Local Fund Board 25 per cent. of the Hospital Assistant's pay, according to G.O.G., No. 82, dated 16th January 1875.

There are two practising vydians in the town; one of them is also a vakeel in the Munsif's Court. I am personally unacquainted with him, but he appears to have the confidence of the native community. The other, however, appears to have the largest practice, a large number of the poorer classes daily attending for treatment at his house. There is also a barber who practises surgery, but he appears only to have a small practice. There are no hakeems or pundits.

The European medicines available in the bazaar are quininiæ sulphas, castor oil, epsom salts, Goa powder, Sedlitz powder, omum water, senna leaves, nutmeg, mustard, chlorodyne, sulphate of copper, sulphate of iron, opium, sulphur, arsenic, chirata, country sarsaparilla, country liquorice, camphor, cloves, cardamoms, nitrate of potash, chloride of ammonia, soda biboras, alum, benzoin, mercury, assafœtida, butea frondosa, and cinnamon.

There are two Vaccinators in each taluq of the district, one of whom visits the town of Chingleput monthly. The people are generally not averse to vaccination, and I have frequently accompanied the Vaccinator and Dresser on their tour through the town, on which occasions a small money present has always induced the parents to allow of their children being vaccinated, and, I dare say, perhaps my accompanying them on these occasions may have led to

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more favorable results than if they had gone alone, for the Dresser tells me that he finds considerable difficulty sometimes from parents refusing to have their children vaccinated on different excuses, such as that they had just had chicken-pox, or some other complaint. I believe also that they would prefer to have their children vaccinated direct from the arm in preference to have lymph taken from glass. On one occasion I took the child of a convict into the bazaar with the Vaccinator and Dresser, and after all the lymph was exhausted there were still applicants for vaccination. The average cost of each operation done by Local Fund Vaccinator is about Annas 5 Pies 7.

The following resolution made at the meeting of the Local Fund Board, Chingleput Circle, will show the opinion of the Board on the work of the Vaccinators :—

Proposed by the Vice-President, and seconded by Mr. Lowry, that the diaries of the Superintendent do not supply sufficient information. It is observed that the results are very meagre. 418 operations cost Rs. 76, or Annas 2 and Pies 11 each. If the Superintendent's salary be included, this will bring the cost of each operation up to the enormous average of Annas 5 and Pies 7. The cost of each successful operation performed by the two First-class Vaccinators was Annas 4 and Pies 11, while one of the Second-class (Kristniah) Vaccinators' operations averaged Annas 6 and Pies 5, and he did not consequently perform one per diem. He should be dismissed, considering the repeated warnings that the Board have given.

There is a family of native oculists in the Madarantakam Taluq who have been noted for their successful treatment of eye diseases for generations, and have received shrotriems and other landed property from the Nabobs of the Carnatic as rewards for their services. They practise in different parts of the district, and have the confidence of the native community. There are no lithotomists.

The public health of the station generally has been very satisfactory. There were several cases of small-pox scattered about the town and district during the first few months of the year, and particularly in the adjoining village of Natham. There was very little mortality. With this exception there was no particular disease or cause of sickness worthy of any remark.

The principal disease prevalent during the year has been as usual, ague of a mild quotidian type; dysentery appears to have been rather more prevalent this year than usual, on account, I believe, of the unusual dampness and low temperature during the north-east monsoon; diarrhœa has also been common.

The hospital is supported entirely by the Local Fund Board; the allotments to the dispensary under the several heads have been during the year sufficient for all purposes. A well for the dispensary is much required, but the expense of boring it through the rocky soil on which it is built is too great to allow of its construction.

There were four cases of difficult labour admitted into the female ward during the year.

Number of patients who dieted themselves during the year twenty-two.

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Extract from Inspection Report by Deputy Surgeon-General W. J. VanSomeren, M.D., dated 17th March 1875.

The building is very clean and well cared for; its drainage is altogether natural; adequate ventilation of the wards is secured not only by doors and windows, but also by ridge ventilation. The general wards would accommodate twenty-three patients with a fraction less than 60 superficial and fully 880 cubic feet to each, but the averages enjoyed by each patient during the year have been 185 superficial and 2,730 cubic feet. The insane ward holds one patient with 85 superficial and 1,065 cubic feet. The contagious diseases ward accommodates four patients with 54 superficial and 756 cubic feet to each. It is ventilated by one door and two windows.

The water-supply is obtained from the large tank and filtered in a common country filter. But seeing that the tank is the great reservoir of the station drainage, I have recommended Dr. Trimnell to obtain his water-supply from the jail hospital well and filter it. The excreta of the latrines are removed twice daily to the place near the convict burial-ground.

Among the 196 treated in hospital, ague, chronic rheumatism, wounds, ulcers, dysentery, abscesses, and diarrhœa occurred in frequency in the order of their mention; of their number fifteen died, seven from diarrhœa and two from burn, and a solitary unit under each of six other heads. The mortality may seem high, but is easily accounted for by the number of exhausted and feeble pilgrims and paupers brought hither simply to die.

Visitors' Book.—Remarks.—Generally favourable.

CHITTOOR.

Extract from Medical Report by Surgeon-Major G. W. Ogg, M.B.

Name of town. Population of Town and of District.—Chittoor, population 5,572; district of North Arcot, 2,015,275.

Date of Establishment.—17th June 1850.

By whom originated.—By Surgeon B. S. Chimmo.

How supported.—This institution was at first supported by Government only, afterwards partly by Government and partly by voluntary subscription. It is now supported by the Local Fund Board, and to a limited extent by subscription.

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What Medical Officers have been in charge.—**The following medical officers have been in charge :—**

Rank.	Names.	From	To
Surgeon ...	B. S. Chimmo	17th June 1850 ...	......
Asst. Surgeon ...	Hamilton Nott	2nd Jan. 1851 ...	7th Jan. 1853.
Do. ...	H. Harper...	1st Jan. 1853 ...	20th Aug. 1859.
Do. ...	J. M. Joseph, M.D. ...	21st Aug. 1859 ...	11th April 1860.
Do. ...	G. S. Johnson	12th April 1860 ...	10th Aug. 1860.
Do. ...	G. Williamson, M.D. ...	28th Aug. 1860 ...	18th Sept. 1860.
Do. ...	H. Crocker, M.D.	19th Sept. 1860 ...	7th Sept. 1861.
Do. ...	A. Gamach, A.M. & M.D. ...	8th Sept. 1861 ...	21st Feb. 1862.
Do. ...	C. Smith, M.D.	22nd Feb. 1862 ...	18th March 1862.
Do. ...	R. Arnold...	19th March 1862 ...	10th May 1862.
Do. ...	J. Keess, M.D.	11th May 1862 ...	5th June 1862.
Do. ...	W. S. DeFabeck	6th June 1862 ...	27th Dec. 1866.
Acting Civil Surgeon.	J. E. Ross	28th Dec. 1866 ...	6th June 1867.
Asst. Surgeon ...	S. Rule, M.D.	7th June 1867 ...	16th Feb. 1868.
Do. ...	A. L. Hackett	20th Feb. 1868 ...	22nd March 1868.
Surgeon-Major.	J. B. Fleming, M.D. ...	23rd March 1868 ...	22nd March 1869.
Asst. Surgeon ...	J. P. McDermott	23rd March 1869...	5th May 1869.
Surgeon-Major.	A. L. T. Cooke	6th May 1869 ...	7th Aug. 1871.
Asst. Surgeon ...	H. J. Jones	8th Aug. 1871 ...	2nd Nov. 1871.
Surgeon-Major.	A. L. T. Cooke	3rd Nov. 1871 ...	31st May 1873.
Do. ...	G. S. W. Ogg, M.B. & M.A.	1st June 1872 ...	31st March 1875.

In each year since opening, or as far back as possible, give the following data :—

Year.	Total Admissions.		Average Daily Sick.		Total Deaths.		Year.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.		In.	Out.	In.	Out.	In.	Out.
1850 ...	99	1,612	11	68	5	14	1863 ...	186	5,440	12¾	42½	12	5
1851 ...	151	3,268	12½	72	4	8	1864 ...	210	4,784	13½	40½	19	6
1852 ...	189	4,554	14	69½	8	8	1865 ...	148	3,710	14¼	30¼	13	6
1853 ...	196	6,309	10½	87	16	6	1866 ...	120	6,211	10½	46	16	16
1854 ...	203	7,100	10¼	86	15	4	1867 ...	167	10,045	11¼	57	27	5
1855 ...	153	6,193	10	82½	12	24	1868 ...	227	8,761	15½	55½	16	5
1856 ...	156	7,405	10	87	11	4	1869 ...	314	8,884	16	50¾	24	18
1857 ...	139	7,003	8½	68¼	7	25	1870 ...	233	9,131	12	42	20	11
1858 ...	126	7,913	9½	57¼	6	8	1871 ...	225	7,196	16¾	28 15/18	20	...
1859 ...	163	7,811	12	79¼	19	3	1872 ...	277	7,247	19	30½	20	3
1860 ...	226	10,849	20¼	95⅛	27	10	1873 ...	345	7,783	20¾	34½	16	6
1861 ...	181	6,157	12¼	48¼	12	11	1874*...	97	2,177	25½	40½	4	...
1862 ...	228	5,534	16	45¼	21	7	1874-75.	319	9,969	26¼	51¼	23	2

* Supplementary for three months (January, February, and March 1874).—*Vide* Circular No. 8,147, of 10th December 1874.

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Dimensions of Hospital.

Number of Wards.	Dimensions. Length.	Dimensions. Breadth.	Dimensions. Height. F. I.	Doors. Number.	Doors. Height. F. I.	Doors. Breadth. F. I.	Windows. Number.	Windows. Height. F. I.	Windows. Breadth. F. I.	Ventilators.
No. 1. Ward	39	18	15 6	6	7 6	5 0	3	4 6	3 6	Ridge ventilation.
No. 2. Do.	18	18	12 0	1	7 6	3 6	6	4 6	3 6	8 Eave ventilators.
No. 3. Bath-room for Males.	10	8	12 0	1	7 6	3 6	1	4 6	3 6	4 Eave ventilators.
No. 4. Committee-room.	16	12	12 0	3	7 3	5 0	...	...	...	Ridge ventilation.
No. 5. Office-room ...	16	18	15 6	4	7 3	5 0	...	...	...	Do.
No. 6. Surgery... ...	20	18	15 6	3	7 3	5 0	...	...	...	Do.
No. 7. Bath-room for Females.	18	8	12 0	2	7 6	3 6	1	4 6	3 6	4 Eave ventilators.
No. 8. Female Ward ...	18	18	15 6	2	7 6	3 6	3	4 6	3 6	Ridge ventilation.
No. 9. Do. do. ...	18	18	12 0	1	7 6	5 0	6	4 6	3 6	8 Eave ventilators.

With the exception of a few Mussulmans there are no Native practitioners among the natives in this station, and they are said to be men of no learning or reputation. The following European medicines are available in the bazaar:—Quinine, rhubarb, aloes, senna, hydr. bish, arseniæ, potass. nitras, borax, alum, camphor, jalap, potass. tart acida, argenti nitras, turpentine; some of these medicines are in common use by Native practitioners and natives, especially quinine.

State of Vaccination, and view of the People as to its virtues. Are there Inoculators present.—In the town of Chittoor vaccination is in a fairly forward state, and the population, including the children, are tolerably well protected. In the month of December 1873 the system of paying batta to the parents of children who brought their children to be vaccinated was adopted at my suggestion by the Local Fund Board. 1 Anna was the sum given, and it was found to be sufficient. In one month (the month of December 1873) 416 children were vaccinated by the Taluq Vaccinator, assisted by the Hospital Assistant attached to the Collector's Department—a number nearly equal to the whole of the vaccine operations performed in that month by the vaccine staff of the district, consisting of nine Vaccinators and a District Superintendent. The state of vaccination in the district cannot be said to be satisfactory in spite of the interest in the progress of vaccination that is shown by the officials of the district and by the Local Fund Board. Hitherto the Local Fund Board have had no power over the Vaccinators, but now that the vaccine staff is placed entirely under their control, it remains to be seen whether the system will produce more satisfactory results than that which preceded it.

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Having been requested by the President of the Local Fund Board to draw up a scheme for the working of the vaccine staff under the new system, I made some suggestions at the last meeting of the Local Fund Board, which were adopted, and which will, I believe, be carried out. Among other suggestions I proposed that Vaccinators should be recruited usually, if not entirely, from among the residents of the taluq in which they will have to work; that they should be placed for a month under a Taluq Vaccinator to learn the routine of their work; that they should then be sent into the head-quarter station to be examined by the Civil Surgeon, to obtain if qualified a certificate of physical fitness, and also of fitness for the performance of their special duties.

Observations.—The past year has not been on the whole favourable to the public health in the town of Chittoor, or in the district generally. The rainfall (52·06 inches) was excessive for this district, exceeding the fall in 1871 and 1872 (47·89 and 48·03 respectively), both unusually rainy years, and greatly exceeding the average of the previous ten years (30·7 inches). The excessive humidity has been a fruitful source of sickness during the year. During many months of the year the soil was saturated with excess of moisture, and in consequence fever has been widely prevalent in many parts of the district.

Number of Sick.

Remained on the 31st March 1874	106
Admitted in 1874-75	10,450
Discharged	10,413
Died	26
Remaining on the 31st March 1875	117
Average daily number of sick for the year	78½

Principal diseases and classes of disease prevalent during the year.—The principal classes of disease that have prevailed during the year have been fevers, diseases of the digestive system, diseases of the cutaneous system, and rheumatic affections. As remarked above, fevers have been very prevalent and fatal during the past year in many parts of the district. Both in 1873 and 1874 fevers have been unusually prevalent, and from the same cause—excessive and unseasonable rainfall.

Extract from Inspection Report by Deputy Surgeon-General W. J. VANSOMEREN, M.D., dated 29th March 1875.

The conservancy of the neighbourhood of this hospital is maintained, and well maintained, by the establishment of scavengers, assisted from time to time by a draft of convicts from the District Jail. The ground environing the hospital is clean and clear of garbage of all kinds: and although at the season it is impossible to keep premises without some dry leaves, it is evident that these are not allowed to accumulate about this institution.

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Supported by the Local Fund Board, and to a small extent by voluntary contributions. The supply of clothing I consider defective, although it is far in excess of regulation.

COCANADA.

Extract from Annual Report by Surgeon A. M. Branfoot, M.B.

Name of Town. Population, &c.—Cocanada. Population of town 17,839. Population of district 1,624,372.

Date of Establishment.—Sanctioned in Extract of Minutes of Consultation, No. 305, Public Department, dated 7th March 1855. Hospital opened in October 1856.

By whom originated.—In a letter, dated 21st April 1852, to the Magistrate of Rajahmundry, Assistant Surgeon W. R. Babbington recommended that a "Seamen's Hospital and Public Dispensary" be instituted, and that a fixed charge be paid by seamen. The Court of Directors replied that contributions towards the expense of erecting dispensaries should be given by the inhabitants of the towns concerned. In January 1853 the Collector, Mr. Prendergast, again wrote to the Board of Revenue, recommending that a "Seamen's Hospital and Civil Dispensary" be established, and in February of that year an address advocating the same was sent through the Collector to the Board by the merchants, ship-owners, commanders of vessels, and others resident in Cocanada and Coringa. On the 23rd May 1854 the Collector wrote to the Board that a sum of Rupees 680 had been subscribed at Cocanada and Madras for the Seamen's Hospital under contemplation, and stated that the burden of the institution should be borne by Government, as there were no persons in the port directly interested in the seamen. In September 1854 the Collector again urged the matter and recommended that the Civil Dispensary at Rajahmundry be abandoned if the Cocanada Dispensary could not be sanctioned, and he further suggested that hospital dues should be charged to the ships in the port. In October 1854 a plan and estimate, amounting to Rupees 3,978-11-7, for building the Civil Dispensary and Seamen's Hospital was submitted to Government, and Rupees 3,298-11-7, *i.e.*, the amount of estimate less the amount of private subscriptions, was finally sanctioned in Order No. 305, of 7th March 1855, Public Department.

How supported.—Since March 1872 the Dispensary and Seamen's Hospital have been vested in the Municipal Commission of the town. The institution is supported mainly by contributions from the Municipality, Local Funds, Port Fund, private Native and European contributions, fees paid for dieting seamen, and interest on the invested funds. The Police Department also give a small contribution. The Local Fund, Municipal, and Port Fund contributions are all of recent date, and take the place of the aid formerly given by Government in the shape of medical subordinates, medicines, &c. The Native and European monthly subscriptions are hardly so large as

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before the institution was under municipal control, though at present this cause has only made a trivial difference. The Rajah of Pittapoor continues his contribution of Rupees 40 monthly.

What Medical Officers have been in charge.—The following is a list of the medical officers who have been in charge since the opening of the institution :—

Name.	Rank.	From	To
W. R. Babbington.	Assistant Surgeon.	1st Jan. 1857	16th Dec. 1857
J. Donaldson ...	Do. ...	23rd Dec. 1857	4th March 1859
E. E. Lloyd ...	Do. ...	5th March 1859	10th March 1860
J. Donaldson ...	Do. ...	11th March 1860	4th April 1860
H. A. Beaman ...	Do. ...	5th April 1860	15th April 1860
E. E. Lloyd ...	Do. ...	16th April 1860	12th July 1863
J. F. Rodgers ...	Apothecary ...	8th Aug. 1863	10th Nov. 1863
G. Dewsnap* ...	Hon. Asst. Surgeon.	10th Nov. 1863	6th Oct. 1866
H. Smith ...	Asst. Apothecary.	7th Oct. 1866	24th Oct. 1866
Charles Doig ...	Hon. Asst. Surgeon	25th Oct. 1866	28th Nov. 1869
W. H. Boalth ...	Assistant Surgeon.	29th Nov. 1869	11th April 1870
J. M. Miller ...	Surgeon	11th April 1870	21st Feb. 1871
W. E. Wright ...	Assistant Surgeon.	21st Feb. 1871	29th March 1871
W. R. Gryllst† ...	Surgeon	29th March 1871	10th May 1871
J. Hardaker ...	Apothecary ...	10th May 1871	11th Oct. 1871
F. R. Paterson ...	Assistant Surgeon.	11th Oct. 1871	1st Feb. 1872
E. Gillson ...	Asst. Apothecary...	2nd Feb. 1872	22nd Feb. 1872
W. E. Wright ...	Assistant Surgeon.	23rd Feb. 1872	16th March 1873
A. M. Branfoot ...	Do. ...	16th March 1873	10th June 1873
W. E. Wright ...	Do. ...	18th June 1873	26th June 1873
A. M. Branfoot ...	Surgeon	26th June 1873	To date.

Total admissions and deaths in each year since opening.—The following are the numbers of admissions and deaths in the Civil Dispensary and Seamen's Hospital since its opening in October 1856:—

* Died at Cocanada, 11th October 1866.

† Died at Cocanada, 1st July 1871.

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Civil Dispensary.

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.		Remarks.
	In.	Out.	In.	Out.	In.	Out.	
1857 ...	165	2,266	12¼	31½	6	19	Epidemic of cholera in June. 52 cases and 17 deaths in the dispensary.
1858 ...	169	994	8	10	8	...	No cholera. No apparent reason for the falling off in out-patients.
1859 ...	84	1,339	5¼	12¾	10	2	A few cases of cholera in July and August.
1860 ...	208	1,146	11	13½	12	9	Cholera in Aug., Sept., and Oct. 18 cases and 6 deaths in the dispensary.
1861 ...	176	1,293	8	14¾	20	26	A severe epidemic from May to Sept. 136 cases and 30 deaths in the dispensary.
1862 ...	164	1,588	9½	24 1/12	12	2	A few cases of cholera reported in the town.
1863 ...	187	2,003	11½	26½	13	6	Do.
1864 ...	155	2,227	10¼	31¼	14	4	No cholera.
1865 ...	191	2,186	7	23⅔	40	23	Epidemic of cholera April to the end of the year. Disease brought in by gangs of coolies from Ellore on their way to Calcutta by Sea. 130 cases and 39 deaths recorded in dispensary.
1866 ...	173	2,462	10	18½	47	16	Very hot year and unhealthy. Epidemic of cholera. 145 cases and 40 deaths treated in dispensary.
1867 ...	116	2,234	8	23¾	12	...	No authentic cases.
1868 ...	163	2,931	6¾	32¾	11	1	No cholera. Small-pox prevalent.
1869 ...	221	2,475	8¼	33½	14	4	No cholera.
1870 ...	145	2,361	7¼	35	19	...	Do.
1871 ...	174	2,177	6½	28½	16	...	Do.
1872 ...	224	3,154	8	39⅓	31	...	Cholera prevalent, but not severe. Imported from Ganjam. 36 deaths registered as occurring in Cocanada Town.
1873 ...	207	3,018	8	44½	32	...	No cholera.
1874 Jan., Feb. & Mar.	55	491	7	22	3	1	Do.
1874-75	284	2,934	13½	45¼	38	5	Do.

Seamen's Hospital.

Years.	Total Admissions		Average Daily Sick.		Total Deaths.		Years.	Total Admissions		Average Daily Sick.		Total Deaths.	
	E.	N.	E.	N.	E.	N.		E.	N.	E.	N.	E.	N.
1856-57	13	...	2	...	...	...	1867 ...	40	...	...	...	...	...
1857-58	33	1	$1\frac{1}{2}$	$\frac{1}{4}$	1	...	1868 ...	58	...	...	...	...	...
1858-59	35	1	$1\frac{3}{4}$	$\frac{1}{16}$	1	...	1869 ...	45	...	...	...	...	...
1859 ...	89	4	$2\frac{3}{4}$	$\frac{1}{8}$	2	1	1870 ...	26	...	...	...	...	...
1860 ...	84	16	2	$\frac{1}{6}$	...	...	1871 ...	45	2	$1\frac{1}{8}$	$\frac{1}{8}$	1	...
1861 ...	50	4	$1\frac{2}{3}$	$\frac{1}{6}$	...	..	1872 ...	43	...	...	...	...	...
1862 ...	20	1	$\frac{1}{2}$	$\frac{1}{36}$	1	...	1873 ...	48	...	1	...	2	...
1863 ...	34	4	...	...	...	...	1874 ... Jan., Feb. & Mar.	13	...	...	...	...	...
1864 ...	17	2	$\frac{1}{2}$	...	...	1							
1865 ...	41	2	...	...	2	...							
1866 ...	54	2	...	...	1	1	1874-75	31	2	...	...	...	...

Dimensions of Hospital.—A sketch plan of the institution in its present state is appended, and from this the dates of the various portions will be seen. There are now altogether seven wards for in-patients affording sufficient space to forty-four persons. These are—

I. Large ward for European Seamen, 20′ × 18′ × 18′ medium height. Ridge and eave ventilation. Area 360 sq. ft., cubic capacity 7,200′. Five venetianed doors, four opening into the verandah and one into the office, each 7′ × 4′. Holds six patients.

II. Small ward for Europeans or Ships' Officers, 18′ × 11′ × 18′ medium height. Ridge and eave ventilation. Area 198 sq. ft., cubic capacity 3,960′. One venetianed door 7′ × 4′. Three venetianed windows 4′ × 3½′. Holds two patients.

III. Large Native male ward, 24′ × 18′ × 18′ medium height. Ridge and eave ventilation. Area 432 sq. ft., cubic capacity 8,640′. Five venetianed doors, four opening into verandah and one into office, each 7′ × 4′. Holds eight patients.

IV. Large Native female ward, 28′ × 18′ × 18′ medium height. Ridge and eave ventilation. Area 504 sq. ft., cubic capacity 10,080′. Two venetianed doors 7′ × 4′, five venetianed windows 4′ × 3½′. Holds ten patients.

V. Small Native female ward, 18′ × 9′ × 18′ medium height. Ridge and eave ventilation. Area 162 sq. ft., cubic capacity 3,240′. One venetianed door 7′ × 4′, one venetianed window 4′ × 3½′. One arched opening into ward No. IV. Holds two patients.

VI. and VII. Detached wards for special or infectious cases 28′ × 24′ × 14′ medium height. Eave ventilation. Area 672 sq. ft., cubic capacity 8,064′. One venetianed door 6′ × 4′, seven venetianed windows 3½′ × 3′. Each holds eight patients.

If there be any Police Hospital or Lying-in Hospital, their history and good doing.—There is no Police or Lying-in Hospital. The Police from the

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surrounding taluqs and the town are treated at the Civil Dispensary; but if they require lengthened treatment, and are not incapacitated from travelling, they are sent on to the Police Hospital at Rajahmundry. Some years ago a Police Hospital was proposed, and in 1867 it appears that a building to the south of the dispensary was erected at a cost of Rupees 600 for their accommodation. This building was condemned as unsuitable, never occupied, and afterwards pulled down. It was soon after proposed to convert an old D. P. W. store-shed into a Police Hospital, but this project was again abandoned and the existing arrangement made. The shed has been since given over to the Municipality, who have converted it into two wards, Nos. VI. and VII., for special or infectious cases and two store-rooms. The site of the building which was pulled down is marked on the plan. The erection of a Lying-in Hospital has been sanctioned by the Local Fund Board of the Circle and the Municipality, who now only await the final sanction of the Government to commence the work. Its proposed site is indicated on the sketch plan.

State of Medicine among the Native Practitioners.—There are about thirty persons resident in this town who gain a livelihood as native medical practitioners. They are divided into two main schools, the "Mahomedan" and the "Telugu." The former is called the "Yunani" school and its followers "Hakeems;" the latter is called by the Mahomedans "Misseri" school and its followers "Vaidyuloo." These two schools aresc hools of medicine rather than of surgery. They base their science upon what they consider physiological principles, and only differ from one another in certain tenets. For instance, the Yunani Doctors are taught that there are four elements in every creature, "phlegm," blood, "bile," and "southa or heat," and that a disturbance in the proper proportions of these brings on disease, the proper proportion being restored by a certain remedy should the nature of the disease be truly diagnosed. The "Misseri" Doctors believe much the same thing, but exclude blood from their elements. They also differ in the nature of their remedies, the "Yunani" school not using mercury to any extent, the "Misseri" school using much mercury. Many of these men have read and studied much, and possess many works on various subjects which no doubt have their merits. All the "Zunani" works are written in Persian, and many are printed. The works of the Telugu Doctors are written in Sanskrit, and a few have been translated from that language into Telugu, or annotated in Telugu. Besides these two main schools there are other smaller sections, of whom the most important are the "Vrana Vaidyuloo," a family who practise surgery in a small way, and use only or mainly external remedies; the "Bairagi Chutki Vaidyuloo," who are wandering ascetics, and use only vegetable remedies, and the "Butha Vaidyuloo" who use only prayers, charms, and incantations. Generally speaking, the state of native medicine is, I believe, far behind the age when compared with the enlightened ideas natives have obtained on many other subjects, though I have little doubt that some of the better-read practitioners if led and put into a right course might do much good. At present but few of the successes they achieve come to one's notice, and it would be a happy thing if one could say that their failures and the consequent results were equally seldom seen.

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What medicines are available in the Bazaar.—A list of European medicines which can be obtained in the bazaar is subjoined.

Quinine sulphate.	Potassiæ nitrate.	Copaiba oil.
Hydrarg. subchlor.	Do. chlorate (impure.)	Peppermint oil.
Potassiæ iodide.	Liquor ammoniæ.	Cinnamon oil.
Ferri sulphate.	Acid benzoic.	Nutmeg oil.
Borax.	Do. sulphuric.	Cubebs.
Alum.	Do. nitric.	Rhubarb.
Sulphur.	Cod liver oil.	Opium.

There is also a good druggist's shop where all the ordinary European preparations can be obtained. Very few of the above mentioned medicines are used by Native practitioners who prefer to use their own compounds. The use of quinine is very generally recognized by the people, and I am informed that the better class of natives when journeying often take a supply for use with them. They also appreciate the use of ipecacuanha in dysentery and of iodide of potassium which they consider a remedy of great value. The last mentioned drug is obtained of good quality in the bazaar.

State of Vaccination and view of the People as to its Virtues.—The accompanying table shows the number of operations performed since vaccinators have been employed by the municipality of the town. Before this a public vaccinator was generally employed, but the operations performed were comparatively few. During the prevalence of small-pox two vaccinators were employed, but the establishment has now again been reduced to one. A good deal of opposition is experienced among all classes of natives, and many of the better class natives would not be vaccinated if they were not compelled to undergo the operation before competing for Government service, to which a large proportion aspire. The 'batta' system has not been introduced nor have municipal funds been hitherto available for that purpose. I am unable to understand the opposition to this operation, as the natives seem to be fully alive to its efficacy, and can only ascribe it to be another form of native obstinacy. So far as I have been able to learn, small-pox seems to have decreased very greatly during the past few years, but sanitation must have had some hand in this besides vaccination. In 1873 there was a good deal of small-pox, and during that year people came forward to be vaccinated more readily. Inoculation is not practised in this district, but I observe that a great number of the coolies and others coming from the Ganjam and Vizagapatam Districts have undergone that operation.

Return of Vaccination of Cocanada Municipality.

Years.	Successful Cases.	Unsuccessful Cases.	Unknown Cases.	Total.	Remarks.
1871-72 ...	181	91	111	383	
1872-73 ...	1,004	161	113	1,278	Two vaccinators employed during a portion of the year.
1873-74 ...	831	138	60	1,029	
1874-75 ...	604	111	67	782	
Total ...	2,620	501	351	3,472	

Are there any Native Oculists or Lithotomists in the District.—Some Mahomedan oculists itinerate the district and perform the operation of depression of the lens for cataract. They also treat other affections of the eye, but not with much success. There are no native lithotomists in the district, and so far as I have seen 'stone in the bladder' is an infrequent disease, only two cases having come under my notice during the past two years, one of those not from this district.

Contemplated Works.—All the buildings have been kept in thorough repair and have been whitewashed. A Lying-in Hospital, to be built at the expense of the Local Fund of the circle, and kept up by that body and the Municipality, is under contemplation, and the work will be commenced as soon as the final sanction of Government is obtained. A brick well has also received the sanction of the Municipality, and will shortly be commenced. I hope also to see soon some sheds for the accommodation of caste patients, of whom but few are ever now in-patients of the institution.

Financial Statement.—A financial statement showing the working of the institution is appended. The working of the two institutions, the Civil Dispensary and Seamen's Hospital, is so intimately mixed up, the one with the other, that it is impossible to separate the interests of one from the other. They are situated in one building served by the same staff, use the same wards, medicines, and instruments. They were, moreover, originated at the same time, under the same order, and under the same designation. From this cause any separation of accounts must be somewhat artificial. It is impossible to say exactly what proportion of medicines should be charged to the Seamen's Hospital, what proportion of repairs to buildings, or what proportion of instruments, &c., belong to each. The invested capital of the Civil Dispensary remains the same as last year. On the expenditure side the item for European medicines appears large, but the amount includes the annual supplies of the two calendar years 1873 and 1874, both amounts having been called for at the same time by the Accountant-General. The other items do not call for any special remark.

Extract from Annual Report of the Seamen's Hospital by Surgeon A. M BRANFOOT, M.B., dated 1st April 1875.

Nature of Institution.—Two wards in the Civil Dispensary building are devoted to the Seamen's Hospital. The history of the institution has been detailed with that of the Civil Dispensary.

Number admitted.—During the year thirty-three seamen have received treatment; this shows a decrease of seven when compared with the admissions of the previous year.

Extract from Inspection Report by Deputy Surgeon-General W. J. VAN SOMEREN, M.D., dated 24th December 1874.

Principal Diseases.—Malarial fevers, venereal and cutaneous and rheumatic affections all show high numbers, but under none of these was the

mortality high. There were four deaths under diarrhœa, and that was the largest number under any one head, and Surgeon Branfoot observes that such cases, and indeed most of those fatal here, are cases of privation brought into hospital by the police simply to die.

How supported.—By the Municipality and Local Fund Board and private subscriptions; Government also pay a donation from the Port Fund towards the Seamen's Hospital. Diet charges of 1 Rupee for seamen and 2 Rupees for marine officers also help the institution.

Visitors' Book—Remarks.—Generally favorable.

COCHIN.

Extract from Medical Report by Surgeon-Major W. Doyle, M.D.

Cochin, a town on the south-west coast of India, latitude 9·58 N., longitude 76·13 E. divided into British and Native town, the latter belonging to Cochin Rajah. Population of the British Cochin is 19,826. Population of Native town and districts unknown.

Date of Establishment.—Unknown. No record. Present hospital built 1856. Hospital was in a rented house in town before.

How supported.—By private contribution and Municipality.

What Medical Officers have been in charge.—No records to show this, but the following medical officers have been in charge:—Assistant Surgeons J. Kennedy, W. H. S. Burn, J. White, E. J. Barker, J. Pringle, W. A. Leslie, F. Day, and M. C. Furnell, Surgeon G. E. Whitton and Surgeon-Major W. Doyle.

If there be any Police Hospital or Lying-in Hospital.—No Police or Lying-in Hospital connected with Civil Hospital. Bad labor cases are occasionally brought to hospital generally when almost in a hopeless state, and in most of those cases instrumental delivery is necessary.

Vaccination is kept up in British and Native Cochin: in the former by Municipal Vaccinator, and to some small extent by the medical subordinates, and in the latter by the Sirkar Vaccinators. Owing to the present epidemic of small-pox the people are much less opposed to vaccination than formerly, and people sometimes actually ask to have a vaccinator sent to them, but I fear at best the most that can be said is that they are apathetic on the subject. Inoculation is probably practised occasionally, but not to my knowledge

The total number of patients treated in hospital during the official year, from 1st April to 31st March last, amounted to 8,873, of whom 595 were treated in the hospital as intern and 8,278 as extern patients. This shows an increase of 52 intern and 591 extern patients as compared with last official year. Of the intern patients, 493 supported themselves and 102 were dieted by the hospital. To have so many patients come to hospital and live there at their own expense, notwithstanding the prevalence of small-pox, and of late of such a deadly nature, so near them shows the esteem in which the hospital is held, and to what an extent the natives are beginning to appre-

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ciate European treatment. They still, however, think much of native treatment and native music, which I mention together, as I believe the one is as much to be compared with the European article as the other, and I often hear even of East Indians, who ought to know better, going to native quacks.

I regret to have to state that the past year has been on the whole rather unhealthy. Small-pox, which was so fatal in 1873, continues to prevail, but not to the same extent as before, nor for the calendar year of 1874 in so fatal a form as in the previous year; but in the early part of the present year, *viz.*, January and February 1875, the disease increased, and the mortality rose very much in comparison to the number of cases attacked, and this is not the case in Cochin alone, but, as far as I can learn, it is the same about the country generally, so that the people report the mortality to be about 75 per cent., and I fear what they say is only too true. Ninety-one cases of small-pox were treated from 1st April last. Of these, 55 cases occurred between 1st April and 31st December with 17 deaths, or 30·90 per cent., but from the 1st January to 31st March 36 cases were admitted with 22 deaths, showing for the three months a mortality of 58·3 per cent. The disease is, I believe, always very fatal when it prevails in the hot weather. Fortunately, although the mortality was relatively great for the last three months, the numbers attacked were not so large as in 1873, but the cases have been of a very malignant type, the great majority of them being confluent; in several the eruption was almost only a red rash, and in one fatal case I may say there was hardly any eruption.

One fatal case of sporadic cholera occurred during the year. The disease seemed to have arisen from some error in food, and the woman was cold and pulseless when brought to hospital.

Some few cases of typhoid fever occurred in two families in the town, in one eleven cases occurred and one death, and in the other ten cases, including a married daughter not living in the house, and three deaths. The families live somewhat apart, but are closely related, and the head of the family which had ten cases of the disease is an East Indian medical practitioner, who appeared to have brought home the disease from his relation's house. I prescribed for three of those cases, and I was able to show one to Dr. Johnston on his inspection, and he considered it to be unmistakably typhoid fever. I have not heard of any other instance of the disease, and no case was brought to hospital. In the house where the nine cases took place the vicinity of the well was covered with offensive and filthy matter, the accumulation from the cook-room apparently, and the privy was near the well, but I was unable to ascertain when it was cleaned out.

Severe accidents are not common, as there is but little machinery and no railway to give rise to such, and the people generally are averse to operations, and in cancerous cases, &c., generally come too late; but when disease is hopeless and beyond all operation, they will let almost anything be done.

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Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 13th and 20th February 1875.

During the prevalence of epidemic small-pox in the years 1873-74 a majority of the thickly-populated inhabitants behind the Small-pox Hospital suffered most severely from this dreadful malady, and the deaths from it were fearful: a great number of them were brought to hospital. I say a great number, in comparison to the number of inhabitants of that locality and the number admitted from it to the other parts of the town. I cannot exactly say that whether the increase of sickness and mortality from this disease among the said inhabitants were entirely owing to close proximity to the hospital or for retaining the infected persons among them, as I was given to understand that many of the diseased were treated in their own houses, of course, with little or no precautionary measures from the disease being spread.

The above statement could be verified by many of the said inhabitants who have witnessed the same, if an inquiry be instituted.

Conservancy of the neighborhood generally.—In the Annual Inspection Reports of the hospital establishments of this town, submitted on the 3rd December 1872 and 10th February 1874, respectively, attention was drawn to existing insanitary condition, the sources, no doubt, of much of the sickness and health deterioration of the inhabitants of a town notorious, as being one of the most unhealthy in Southern India. It would be to exhaust the space allotted to me in this report were I to go over the same ground traversed in those reports and to describe the town. Sufficient to say that in certain structural conditions and peculiarities which characterize and are common to all the houses, with but few exceptions in the town, much, if not all, of the insanitary evils which environ its inhabitants may be traced. No matter whether the houses are ranged in streets, or detached and at a distance from each other, each stands in its narrow yard, walled off from its fellow, and it is to this structural arrangement I have now to call attention. I believe I am right in saying that one house may be taken as a type of all the others; and on entering its yards one is assailed by stenches of many evil varieties, that of human ordure asserting its priority, and causing itself to be perceived in every part of the house. And the source of this odious stench is not far to seek in these narrow yards, for the open gutters are replete with the domestic sewerage soaking into the earth and dissipated in the air; hence the sewer fœtor; whilst from deep holes dug in the ground and, in some of the houses inspected by me, in that of the cellars below the inhabited rooms the disgusting stench of human ordure emanates, for those holes are the privies, the receptacles of the family ordure, and are, from what I could gather, seldom or never cleansed. Of course I am open to correction, and desire to guard myself by saying here that my remarks are for the most part applicable to the houses occupied by the poorer classes of the East Indian and Native populations; for the most part merely, for I strongly suspect a like condition will be found to obtain even amongst many houses of the wealthier of the inhabitants. But in addition to its open sewer and privy, each house has its well, often

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not many feet (ten or twenty) distant from each other, a grievous misfortune, and the more so as it is all but insurmountable, clings to this town, both its British and Native sections, and in the want of potable water, one of the most certain sources of the health deterioration of the inhabitants may undoubtedly be traced, for the water which the wells of the town affords is positively unfit for human use, save for ablution purposes, and even then it is said to be injurious, as I have been assured, from its supposed influence in calling elephantiasis (*Cochin-leg*) into being. Hence the potable water has to be brought from a distance of twelve miles from Ahvall in the mainland, and, therefore, at great cost to the inhabitants, a cost which must press very heavily on the poorer classes, and, as I am informed by the Vice-President of the Municipal Commission, forces them to drink the water taken from the wells now described, replete, as they must inevitably be, with the worst forms of organic pollution. To my questions some with hesitation and others positively denied this, but the Vice-President's statement is scarcely to be gainsaid in the presence of the fact that many of the inhabitants, both East Indian and Native, are miserably poor and scarcely able to afford the cost of paying for water; and thus it may have been with a family whose house I inspected. Already two of its members had only very recently died from "fever," while other five lay prostrated by a *like* disease. One, a man aged thirty years, and about to succumb from *typhoid fever*, of a type as pure as it ever has been my lot to witness. In this case possibly the asseveration of the friends that their well water had never been used by the sufferers may be true, because typhoid fever has other vehicles of passage into the human body besides water, privy emanations, such as are concentrated in this and most other like houses, being "quite equal to the occasion." That remittent fever, which is said to be induced here, is in reality typhoid fever, I have strong grounds of supposing, and I have suggested to the Civil Surgeon the question as one worthy of investigation. Enough has now been said to show how crying is the evil of this "privy system" that has place in this town, whose baneful effects are to be witnessed, not so much, perhaps, in calling active disease into being, though this is serious enough, than in the gradual deterioration which continuous exposure to such influences engenders —effects indelibly visible in the cachectic appearance present in so many of the inhabitants, notably in the young. But how to deal with the evil is a question most difficult of solution. The proposal to empty and cleanse those myriad privies would at once commend itself to notice were Hercules to the front, but with the means present at hand I greatly doubt the possibility. And then, were the attempt to be made, might not the disturbance of so much filth, the accumulations of many years, prove dangerous to the public health. For my own part, and in view of such a contingency, I have suggested to the Civil Surgeon the advisability of staying all such action till variola, which since the beginning of the year has re-appeared in the town, shows some disposition to subside. But after all, cleansing as it is called would be but of temporary application, and would be little else than a mere palliative of an evil, which to be thoroughly and once for all dealt with seems to demand the earthing up of all those privy holes, and the

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substitution of a proper system of conservancy to relieve the town of a very dangerous nuisance.

Note generally what recommendations have been made to local authorities regarding barracks or hospital, jails or dispensaries.—Once more return must be made to the subject matter to which attention was called in the Inspection Report of this hospital submitted on the 10th February last. It is one of a nature to cause astonishment. That in the times in which we live a small-pox hospital, having its site in the midst of the very centre of the population of a large town, and not more than fifty yards from the public dispensary, should be tolerated. Such an anomaly, bad any where, is infinitely so in a town such as is Cochin, in which variola is never absent, and at times subject to epidemic outbreaks. The year 1873-74 witnessed such an outbreak, and great was the havoc the disease made amongst the people, at the same time inspiring such a dread—panic almost—that the outside people shunned the town, and much more the dispensary, since they very well knew that within its close vicinage were lying the subjects of the disease in its every stage. And again this pestilence is amongst the inhabitants, and this time of a type, if possible, of greater virulence than heretofore, and again its "Small-pox Hospital" is open to the sufferers, twenty-two having been admitted since the beginning of the year, of whom twelve died. A fact of some significance may be recorded here that, while inspecting the dispensary, my sense of smell disagreeably reminded me of the presence of the variolous sick in the adjoining hospital. Platitudes are best avoided in such reports, but for once let me indicate one to the effect that all diseases attended during their progress by purulent formation may be propagated equally by inoculation of the recent matter as well as in a desiccated condition, when the pus cells are present in the air and thus pass into the animal body through its various openings—the lungs, stomach, or skin.

The smell that oppressed me in the wards of this dispensary undoubtedly had its source in the small-pox matter present in the atmosphere, and not a breath of air that may chance to blow from this Small-pox Hospital—this pest-centre, as it may be truly called, which does not waft with it, far and wide, the contagion of a disease, positively with the sole exception of "scarlet fever," the most contagious that now afflicts humanity, and all this, be it remembered, in the very centre of the population of this town. With all this before me it was somewhat startling to be *authoritatively* assured that although this "Small-pox Hospital" has its site in the midst of a crowded neighborhood, the people nevertheless suffered less than others of the inhabitants living at a much greater distance. A statement so utterly opposed to all experience was soon found to be equally opposed to what had actually occurred, and as recorded by First-class Hospital Assistant J. Massilamoney, No. 229, who for some years has very creditably done duty in this hospital. The Hospital Assistant thus speaks: "During the prevalence of epidemic small-pox in the year 1873-74 a majority of the thickly-populated inhabitants behind the Small-pox Hospital suffered most severely from this dreadful malady, and the deaths from it were fearful, &c."

His statement in its entirety is appended to this report. So dangerous a nuisance—a menace more correctly to the public health—should at once be

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removed and another site selected, as far as possible removed from human habitations. In such a site should be erected a common leaf pavilion for the reception of variolous sick—a structure which recommends itself as the very best for the object of a contagious hospital. Since the beginning of the year, as has been said, small-pox has been acquiring epidemic proportions in the town and neighborhood of Cochin, and sufferers from the disease are to be found in its most crowded parts—each a centre of disease and diffusing it in every direction. To permit this most contagious disease thus to perpetuate itself is surely a cruel weakness, and the municipal authorities should have the power of compelling segregation. Although the time may, in the opinion of some, not have come to render vaccination compulsory, yet there never surely should be a time when the sufferers from a malady so contagious as small-pox should be permitted to scatter disease and death broadcast amongst their neighbors.

COIMBATORE.

Extract from Medical Report by Surgeon-Major C. J. Rogers.

Name of Town.—Coimbatore.
Population of Town.—36,201.
Population of District.—1,740,970.
Date of Establishment.—23rd April 1850.
By whom originated.—Government.
How supported.—Municipality.
What Medical Officers have been in charge.—

Names.	Rank.	From	To
H. W. Porteous	Asst.-Surgn.	1st Jan. 1851	31st July 1854
W. J. vanSomeren, M.D. ...	Do. ...	31st July 1854	21st Dec. 1854
G. Mackay, M.D.	Do. ...	21st Dec. 1854	2nd Dec. 1856
W. Aitkin, M.D.	Do. ...	2nd Dec. 1856	11th Mar. 1857
W. R. Cornish	Do. ...	11th Mar. 1857	7th Nov. 1858
J. Miller, M.D.	Do. ...	7th Nov. 1858	29th June 1859
A. A. Renton, M.D. ...	Do. ...	29th June 1859	23rd Dec. 1861
G. S. W. Ogg, M.B., M.A. ...	Do. ...	24th Dec. 1862	31st Aug. 1864
W. F. Davis, M.D. ...	Do. ...	1st Sept. 1864	3rd May 1866
T. Ruthnum Moodelliar ...	Native Surgn.	4th May 1866	15th May 1866
S. B. Hunt	Asst.-Surgn.	15th May 1866	25th July 1866
W. H. Roberts, M.D. ...	Do. ...	25th July 1866	24th Feb. 1868
W. F. Davis, M.D., F.R.C.S.	Do. ...	24th Feb. 1868	22nd Nov. 1869
J. P. McDermott	Do. ...	23rd Nov. 1869	21st Feb. 1870
W. F. Davis, M.D. ...	Surgeon ...	22nd Feb. 1870	2nd April 1871
H. J. Jones	Asst.-Surgn.	3rd April 1871	20th May 1871
W. F. Davis, M.D., F.R.C.S.	Surgeon ...	26th May 1871	5th Oct. 1871
C. J. Rogers	Surgn.-Major.	6th Oct. 1871	2nd Mar. 1874
J. C. Lawrenson	Asst.-Surgn.	2nd Mar. 1874	29th May 1874
C. J. Rogers	Surgn.-Major.	30th May 1874	...

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Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1850... ...	5	284	1⅓	82¾	...	...
1851... ...	91	2,548	5¼	114¾	18	8
1852... ...	160	2,797	5½	183½	13	15
1853... ...	197	3,047	5¼	40¼	14	17
1854... ...	376	3,308	7¾	88½	21	13
1855... ...	187	448	4¾	88¼	15	4
1856... ...	204	5,326	8·12	51·83	18	7
1857... ...	290	6,172	11¾	84·	40	24
1858... ...	315	4,770	22	76	31	3
1859... ...	336	5,316	20	41	24	2
1860... ...	319	6,015	21⅔	63¼	26	10
1861... ...	329	5,576	16⅔	59¼	31	12
1862... ...	164	6,028	14½	64	28	13
1863... ...	169	5,685	14⅓	40¼	11	40
1864... ...	175	6,921	10¼	38¼	17	6
1865... ...	128	5,798	7⅓	32¼	15	7
1866... ...	118	4,779	7$\frac{34}{56}$	26¼	28	12
1867... ...	105	5,814	7	24⅓	15	1
1868... ...	145	5,731	6·91	26·33	14	1
1869... ...	151	5,632	10·20	24·62	17	...
1870... ...	176	5,520	9·86	22·69	31	2
1871... ...	156	5,874	9·56	29·64	24	16
1872... ...	174	6,273	11·05	35·69	15	2
1873... ...	244	8,320	11·2	43·07	33	1
1874... ...	401	11,093	12·08	48·79	25	3

Dimensions of Hospital.

A Ward,	23¾	× 18	× 17	= 7,267½	7 beds.
B do.	22¾	× 18	× 17	= 6,961½	7 do.
C do.	8½	× 9	× 15	= 1,147½	1 do.
D do.	8½	× 9	× 15	= 1,147½	1 do.
European Ward,	16	× 12	× 12	= 2,204	2 do.
E Ward, Venereal,	20	× 11¾	× 12½	= 2,937½	3 do.
F do. N. F. Ward,	34	× 11	× 12·12	= 4,675	4 do.
Lying-in Ward,	24	× 12	× 11	= 3,168	4 do.
Contagious do.	9	× 4 yards.			6 do.

Police Hospital.—The Police were treated in a separate ward of the Civil Dispensary till the year 1869, when a separate hospital was built exclusively for them adjacent to the dispensary. Particulars regarding it have been furnished with the Annual Report for 1874.

Lying-in Hospital.—In 1869 a portion of the general female ward was partitioned off by curtains into two wards, one for ordinary cases, the other for lying-in women. Towards the outlay incurred by this alteration His Excellency Lord Napier contributed largely.

The services of an experienced midwife of the Pariah caste was also procured for the lying-in ward in this year.

Nine women were delivered in the ward and eighteen at their own houses by the midwife in 1872.

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A new Lying-in Hospital, detached from the general ward, was built the following year with the aid of liberal subscription from Lady Hobart. The situation of the former lying-in ward, contiguous to the casual female ward, was believed to prejudice the natives against it. The new ward was opened to the public on 1st September 1873. In this year 22 in-cases and 23 out-door were attended. There were, in the first quarter of 1874, 5 women admitted into the Lying-in Hospital and 24 in the year 1874-75.

I am of opinion that the fact of the midwife being a low caste woman has operated as a deterrent to the more general use of the hospital. A European or Eurasian midwife duly qualified would, I consider, be preferable; and if this be too expensive, then either a caste Hindu or Mussulman woman. The President of the Municipality shares this opinion with me.

State of Medicine among our Native Practitioners or Vytheans.—The art of the Vythean is in its infancy at Coimbatore. The treatment they pursue is purely empirical, and comprises the ordinary routine of decoctions, powders, and pills, various oils and liniments, taken from the Vythea Sastrum compiled by Agastya and various sages of antiquity. A few of them have by some means acquired a crude knowledge of minor surgery, *i.e.*, the opening of abscesses, boils, bubos, &c., and the passing of catheters.

European Medicines available in Bazaar, and extent of use among Native Practitioners and People.—The following European medicines are used by the Natives:—Nitrate of potash as a diuretic; alum as a gargle and as an injection, and combined with borax and lime-juice internally for gonorrhœa; sal ammoniac as a lotion for swellings; nutmeg, gall, catechu, acacia, opium, pomegranate rind of fruit in diarrhœa and dysentery; cubebs in gonorrhœa; sulphur for piles, combined with neem oil as a liniment in rheumatism; aloes for constipation; assafœtida for colic, constipation; with ginger topically for ear-ache and in guinea-worm; bael for chronic diarrhœa and dysentery; benzoin for headache; camphor for cramps; cannabis leaves and stalks boiled in oil and applied externally for hemicrania; cloves in fevers; chiretta in fever; cinnamon for colic; liquorice root in fevers as a decoction; hemedismus Indicus in syphilitic diseases; linseed in dysentery, gonorrhœa, and cough; honey in fevers; myrrh in amenorrhœa; nux vomica in leprosy; poppy capsules powder in gonorrhœa; black pepper in fever; castor oil and senna as a purgative; rue externally for convulsions; sinapis as a rubefacient; strammonium leaves as a poultice for guinea-worm; tobacco smoke with strammonium leaves for asthma; tamarind as a refrigerant; ginger in colic and dyspepsia.

State of vaccination and view of the people as to its virtues. Inoculators.—No inoculators. The people are very favorably disposed towards vaccination and regard it very much in the light that Europeans do.

Principal diseases.—The Civil Dispensary, it is gratifying to observe, continues its career of usefulness. The larger number of patients who now seek relief shows that it is increasing in public estimation. Amongst out-patients the excess of admissions over 1872-73 was 1,135, amongst in-patients 101. The unhealthiness of the year under review may explain a portion of this increase, but some of it, doubtless, is due to the growing popularity of the dispensary.

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What very often detracts from the benefit to be derived from medical treatment is that patients will not remain, especially in the out-patients' department, sufficiently long in attendance at the dispensary. A number of those admitted on the one day absent themselves on the next; in instances, too, where it must be next to impossible to produce in so short a period anything like relief. This is not seen to the same extent in the in-door class, but even amongst them cases have not been infrequent of patients claiming to be discharged before they were perfectly restored to health.

The diseases yielding the most admissions were, amongst out-patients, constipation, conjunctivitis, ulcer, itch, fever, venereal diseases, diarrhœa, and dysentery.

Fevers, though not in excess, were unusually severe, both as to type and duration. There was a large increase of cases of remittent fever, assuming in many instances a typhoid character, and in one woman ending fatally.

Dysentery and Diarrhœa.—The mortality amounted to ten. They have not been unduly frequent; in the third week of December the Town Sub-Magistrate reported the occurrence of cholera, and of two deaths therefrom in the parcherry at Coimbatore. These cases had occurred a week previously, and, as they were followed by no other, I had no opportunity of verifying his conclusion.

The most intractable cases of diarrhœa were those which occurred in the persons of mendicant pilgrims travelling to and from various shrines. Very often the disease was a sequela of neglected dysentery, and in nearly every case it was aggravated by starvation. They were invariably fatal.

Venereal diseases.—There was a large increase of the diseases comprised in this class. The natives do not often present themselves on account of primary lesions. Syphilitic rheumatism, baffling as it often does the art of the vythian, is the complaint which supplies the most admissions.

Condition as to usefulness of Lying-in Ward, if any.—This branch of the institution has, since its foundation, been used only by Pariahs and poor Europeans and Eurasians. In forwarding the annual report on the dispensary for 1871-72, the President remarks, in connexion with this subject, as follows: " An institution of this sort, however, will only be resorted to by the very poorest class when the midwife is of the Pariah caste." This, I believe, is the reason why natives of the higher castes do not come to the Lying-in Hospital. The only remedy is to procure the services of a qualified European or Eurasian midwife, and if the expense of such a person be considered too great, then I would recommend that either a caste Hindu or Mahommedan woman be appointed.

Twenty-four women were delivered in the lying-in ward during the year.

Conclusion.—Forty-three patients dieted themselves during the year.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 25th March 1875.

Hospital.—A ward has been set apart for the treatment of women suffering under the diseases of prostitution—a decided improvement, and one worthy of

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adoption elsewhere, on the old system, in which this class of sick were treated in the same wards with the reputable poor. The lying-in ward continues to receive parturient women, and is supplied with all the necessary appliances for the convenience of this class of patients. Inspected on the present occasion with all necessary minuteness; it is satisfactory to be able to report on the excellent system which obtains within this hospital, as seen in its internal economy and general arrangements for the well-being of the sick of both classes, "in" and "out."

Condition of bedding and furniture.—The supply of furniture is ample and in good condition. The bedding and clothing is also of excellent quality and ample.

COLLEGAL.

Extract from Annual Medical Report by Third-class Hospital Assistant J. Sowriappen Pillay.

The total number of cases treated out of hospital during the year, including Europeans, East Indians, and Natives, were 316. The most important diseases were ague, rheumatism, conjunctivitis, bronchitis, dysentery, diarrhœa, and some forms of cutaneous diseases; to these the usual plans of treatment were adopted.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 26th April 1875.

Hospital.—The work of this dispensary is conducted in a small two-roomed building, each 12 × 8, situated in the centre of the town. It was opened to the public on the 25th February last for the treatment of "out-door" sick and that of the Police force of seventy-eight men on duty in the district and town. Its inspection on the present occasion disclosed much that lays the Hospital Assistant now in charge open to censure. For apart from the indication of neglect which was every where apparent within the building—dirt, slovenliness and neglect—his records of the work done are kept in a style as to be all but worthless and suggestive of suspicions against their accuracy. The nominal register which accompanies this will partly serve to illustrate this statement. Without asserting that many of the names that figure in it are fictitious, it is somewhat suspicious that many of them have no corresponding entries in the prescription book.

COMBACONUM.

Extract from Medical Report by Apothecary J. G. Ashworth.

General observations bearing upon the Climate, &c.—Combaconum town is situated about thirty-five miles from the coast, and contains a population according to the last Census of 44,444. The population of the taluq is 341,034.

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There are a few native vydians in this town, and their practice is generally very limited now. Two or three only whom I at times meet have a fair practice, and even use some of the European medicines, such as quinine, James' powder, santonine, spirits, æther, nitrate, jalap, magnesia, sulphas, potassii iodid. and iodii, compound tincture camphor and a few more medicines. One of these, a barber by caste, has been for very many years a vythean,by profession, and it is not an uncommon thing to see several women with children in front of his house waiting for medicines. This man has the credit of being a good children's doctor, and I believe there is some truth in this, as several persons have spoken to the same effect, and another man, Gugerate by caste, has a great many English medicines, and I believe he was taught medicine by a brahmin who was under the late Dr. Broaking during the late Rajah's time. He has also a fair amount of practice. I have on several occasions heard the remark that of late years the vytheans of this town have lost considerably in their practice. Out in the villages some of the people still resort to pothans and kammalans (brass smiths) in cases of fractures, the result being gangrene and loss of limb. Two such cases have occurred during the year, and applied for relief at the hospital. There is no doubt, however, that in the majority of cases of wounds and accidents, where surgical aid is required, they resort to the hospital. Then again with very few exceptions indeed amongst the more educated and even wealthy, the practice of calling in vytheans at first still exists. This is not surprising, since they are so very much influenced by the females and old people of the house.

Most of the principal European medicines are procurable in the bazaars here. Two or three brahmins procure the medicines from Bombay, as it is sold cheaper there than at Madras. Several of the native gentlemen also of the place have a private stock for their family use.

There is no doubt, however, that since the establishment of a dispensary in this town in 1843, there has been a gradual tendency on the part of the natives to avail themselves more of European treatment. This change, I believe, is also to be attributed to the gradual progress made in education.

The following tabular statement gives the numbers of sick treated of in and out patients with daily average and deaths for each year from 1843. The names of the several medical officers in charge from that period, as far as can be ascetained from the old books, are also noted :—

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Years.	Total Admission.		Average Daily Sick.		Total Deaths.		Names of Medical Officers in charge.
	In.	Out.	In.	Out.	In.	Out.	
1843 ... ... From September only.	25	91	$2\frac{3}{12}$	$6\frac{3}{12}$	3	...	W. Rose, M.D.
1844	121	3,241	$11\frac{1}{12}$	$217\frac{1}{12}$	10	2	
1845	130	2,176	$10\frac{7}{12}$	$93\frac{3}{12}$	$10\frac{1}{2}$	2	
1846	222	2,100	$11\frac{4}{12}$	$53\frac{3}{12}$	5	1	{ L. Celebrook. L D. V. Packman.
1847	255	2,414	$10\frac{1}{12}$	$60\frac{1}{12}$	17	3	{ W. H. S. Burn. R. R. Sutliffe.
1848	248	3,410	$13\frac{3}{4}$	$66\frac{1}{4}$	15	1	
1849	169	3,076	$12\frac{11}{12}$	$59\frac{1}{12}$	4	1	
1850	172	2,616	$10\frac{1}{12}$	$64\frac{11}{12}$	·6	...	R. P. Linton.
1851	243	2,699	$11\frac{1}{12}$	$66\frac{2}{12}$	10	...	J. B. Stevens.
1852	317	3,180	$18\frac{6}{12}$	$76\frac{8}{12}$	13	1	
1853	329	3,047	$19\frac{1}{12}$	$80\frac{10}{12}$	21	...	
1854	350	2,914	$19\frac{6}{12}$	$79\frac{8}{12}$	16	...	
1855	371	3,845	$19\frac{9}{12}$	$70\frac{6}{12}$	14	1	J. M. Joseph.
1856	335	3,962	$19\frac{4}{12}$	$64\frac{1}{12}$	11	...	
1857	374	4,429	$17\frac{4}{12}$	$64\frac{8}{12}$	14	1	
1858	340	3,893	18	66	9	3	
1859	353	3,374	20	61	12	...	H. E. Busteed.
1860	221	3,035	12	59	16	3	W. Doyle.
1861	129	1,726	$7\frac{3}{24}$	$32\frac{7}{48}$	5	...	
1862	132	2,217	6	28	15	...	Asst. Ap. A. Saviel.
1863	160	1,401	8	17	9	1	
1864	206	2,775	7·58	$23\frac{3}{4}$	12	1	Asst. Ap. G. Watson.
1865	236	2,721	10·1	20·9	13	1	
1866	263	2,688	9·87	20·36	13	2	
1867	172	3,125	9	33	9	...	Asst. Ap. M. J. G. Ashworth.
1868	179	4,976	$12\frac{1}{4}$	$54\frac{1}{2}$	12	1	
1869	184	4,934	$13\frac{7}{10}$	60	9	1	
1870	163	4,222	$11\frac{1}{4}$	$57\frac{1}{4}$	10	...	
1871	211	5,657	$14\frac{1}{4}$	$74\frac{3}{4}$	23	...	
1872	205	6,079	$16\frac{7}{10}$	$84\frac{1}{2}$	13	4	
1873	225	7,045	$19\frac{7}{8}$	$101\frac{1}{2}$	11	2	
First 3 Months of 1874.	53	1,856	$18\frac{1}{6}$	$101\frac{4}{12}$	5	2	

A total of 7,848 cases were treated at the dispensary. Of this number were Europeans and East Indians in-patients six, out-patients forty-six, making a total of fifty-two. Native in-patients 272, out-patients 7,524, making a total of 7,796, showing a decrease of 8 in the former and an increase of 395 in the latter as compared with the previous year. The falling off noticed amongst the European and East Indian out-patients is owing to the head constables of this class being treated at their own hospital since its establishment in March 1874.

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Extract from Inspection Report by Deputy Surgeon-General W. JOHNSTON, M.D., dated 9th January 1875.

Inspected with all necessary minuteness on the present occasion. There was nothing wanting to prove how well the duties of the hospital are conducted by its present Superintendent, Apothecary Ashworth.

Visitors' Book—General tenor of Remarks.—Favorable.

CONJEVERAM.

Extract from Annual Medical Report by Assistant Surgeon T. RUTHNUM MOODELLY.

Conjeveram is an ancient town of great importance in the district of Chingleput, having a population of 36,200 according to the census of 1871. It was not till 1863 that such a vast and famous town saw the blessings of a dispensary for the medical wants of its large population.

Originated by Dr. J. Shortt, M.D.

The establishment of the dispensary is mainly due to the personal influence, zeal, and exertions of Dr. J. Shortt, M.D, Superintendent-General of Vaccination, during his incumbency as Civil Surgeon of Chingleput, where the only dispensary in the district at the time was located.

Established on 1st May 1863.

The Committee of Management having assured Government through Dr. R. Cole, Principal Inspector-General, that the inhabitants are prepared to bear the entire charges for dieting and clothing the in-door patients and paying the medical establishment except for the first year, and that subscriptions and donations are flowing in for the future support of the charity and for providing a suitable building, the necessary sanction for the services of an Apothecary and the supply of medicines was given in G.O., dated 4th March 1863, No. 253, and the institution was formally opened on the 1st May 1863 under the presidency of Hon. R. S. Ellis, the Collector of the district, who had already accepted the office of patron to the dispensary.

Sites and buildings.

It occupied for six years a building purchased by the Committee for temporary use and situated in a retired quarter of the town. In addition to its being inconveniently placed as regards most parts of the town, this building soon showed signs of decay, and had to be abandoned after the visit of Lord Napier in January 1869, who remarks that "no sensible improvement is likely to occur until the position is shifted and the institution placed in a new building." The dispensary work was thereupon conducted in tents pitched in the compound of the present Taluq Cutcherry, as no house was available in the town, and the hospital was subsequently removed to a cottage on the site on which stands the present new dispensary.

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In due course of time the Managing Committee submitted their plans and estimate for the new dispensary, which received the sanction of Government; but from various causes, such as the inability of Government to pay their moiety of the cost of the building from financial difficulties, discussion as to the eligibility of the site selected, and the failure of the contractor to fulfil the terms of his agreement, the construction of the dispensary was delayed, and it was not till the close of the year 1873 that it was completed and occupied since the following year.

Dimensions.

The dimensions of the hospital and its subsidiary buildings are given in the subjoined table :—

No.	Wards.	Length.	Breadth.	Height.
		FEET.	FEET.	FEET.
1	Male Ward	41·5	16	16
1	Female Ward	41·5	16	16
1	Lying-in Ward...	12	10	12
1	High-caste Ward	12	10	12
1	Low-caste Ward	12	10	12

Dead-house.

G.O. No. 2,616, dated 27th August 1867.

In the early years of the dispensary *post-mortem* examinations on bodies brought by the Police had unfortunately to be held in the premises of the dispensary, a measure which naturally raised a great cry and marred the usefulness of the institution. The subject was brought to the notice of Government, who sanctioned the erection of a dead-house on the outskirts of the town in 1867. It lies on an adjoining plain near a burial-ground.

The sick admissions and mortality at the institution since the time of its establishment are exhibited below.

Years.	Total Admission.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1863	72	5,925	5	89	3	1
1864	72	4,918	$3\frac{1}{2}$	$27\frac{5}{6}$	4	1
1865	34	3,900	$2\frac{5}{6}$	29	6	2
1866	31	2,463	2	$31\frac{1}{4}$	4	101
1867	36	2,236	$\frac{1}{4}$	29	3	8
1868	41	2,904	$3\frac{3}{4}$	36	2	1
1869	88	2,613	7	$39\frac{1}{4}$	5	53
1870	151	3,644	$13\frac{2}{3}$	$43\frac{1}{3}$	19	18
1871	128	8,776	$11\frac{1}{3}$	$72\frac{3}{4}$	13	12
1872	189	10,752	$14\frac{1}{3}$	$83\frac{3}{4}$	10	12
1873	264	14,222	$17\frac{1}{2}$	$106\frac{1}{2}$	13	6
1874, January to March.	62	3,576	$17\frac{1}{3}$	106	1	2
1874-75	276	14,383	$19\frac{1}{12}$	$111\frac{1}{4}$	19	9

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The Medical Officers who have held medical charge of the dispensary are exhibited in the margin. Dr. J. Shortt's inspection visits once in two months ceased at the end of a year from the opening of the dispensary as prescribed in G.O., No. 875, dated 29th July 1863, and the dispensary allowance of Rupees 50 per mensem was from that time drawn by the several Medical Officers in charge—*vide* G.O., 6th July 1864, No. 776.

Assistant Apothecary G. Watson, 1st May 1863 to 7th March 1864.
Assistant Apothecary P. Kinsley, to 8th June 1865.
Assistant Apothecary J. Chadwick, to 18th December 1870.
Assistant Apothecary M. Seetharamiah Naidu, to 8th January 1871.
Assistant Surgeon T. Ruthnum Moodelly, from 9th January 1871.

Lying-in Hospital.—There is no special hospital in the station for the treatment of lying-in women, but there is a midwifery ward provided in the new dispensary building, which I think will meet all present requirements in the town, as only cases attended with extreme difficulty and requiring operation are brought for treatment.

During the official year ending the 31st March 1875 the character of the institution as a means of relief to the suffering poor has remained unimpaired, and people requiring medical treatment continue to resort to it, not only from the town but also from great distances beyond the municipal limits.

The number of applicants for in-door treatment has continued to be numerous in the year under report as heretofore, the admissions showing a slight increase of twelve patients over the figures of the previous year. Of the 276 patients, the small number of eighteen only provided their own diets, whilst ten were fed at the expense of the Magistracy under G.O., No. 934 of 1868, Public Department. The in-door patients are calculated to exhibit a further increase in proportion to the amount of funds placed at the disposal of the medical officer. The average number dieted per diem is nineteen.

In the out-door department of the sick the total number treated was 14,383 during the year, which is a sufficient testimony that the benefits of the charity are being largely availed of by the people. The average daily attendance has been $111\frac{1}{4}$ with nine deaths due to carbuncle, childbirth, fever, dysentery, and other causes. The prevailing diseases have been, as heretofore, those of the stomach and bowels, cutaneous diseases, disorders of the general system, and, lastly, the affections of the ear, respiratory organs, eye, nervous system, and accidents.

Extract from Inspection Report by Deputy Surgeon-General W. J. vanSomeren, M.D., dated 7th April 1875.

Hospital.—The hospital is a pucka tiled building, situated in a plot of about nine cawnies of ground of its own, abutting on the South India Railway, and between Big and Small Conjeveram. It is a remarkably good-looking structure, T-shaped in its main block, the cross of the T facing southwards. It has verandahs all round, and consists of a male and female ward, the former to the west and the latter to the east of the dispensary,

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and consulting-rooms which occupy the centre of the frontage. Behind these and in the vertical portion of the T are the medical store-room, the operation room, and the midwifery ward.

Every part of the hospital and its neighbourhood is clean. The water-supply is obtained from a fine masonry-lined well east of the kitchen; it is clear and good.

Hospital-baths.—Each ordinary ward has its bath-room, and so also has the midwifery ward. There are two oval tubs, one round tub, and one hip-bath. Water for ablutionary purposes is abundant in the hospital well and a neighbouring tank. The waste and soiled water soaks into the soil when it leaves the bath-rooms.

COONOOR.

Extract from Medical Report by Surgeon-Major G. E. Whitton, M.B.

The Civil Dispensary building has been a good deal improved, six windows have been made, so that the wards are not so dark as they were, and the ventilation of the verandah wards at the back has been attended to.

The population of the town is by last census 3,058.

The hospital building consits of three wards of the following dimensions:—

No.	Length.	Breadth.	Height.	Use.
	FEET.	FEET.	FEET.	
1	25	15	14½	Maleward.
2	15	15	14	Female Ward.
3	15	15	14½	Surgery.

Besides these there are four small rooms at the back of the building formed by an enclosed verandah. These are used as two small wards, besides a bath-room and a store room.

During the year it has been proposed to build a small hospital, consisting of two small wards and a sitting room, for the use of Europeans and East Indians.

There are two native practitioners in the town, but neither of these obtain much confidence on the part of the native population. There is also a former Dresser, who retired from the service some years ago, and who has been engaged in practice ever since. He appears to have gained the confidence of a large number of East Indians and respectable Natives.

There are no European medicines available in the bazaar shops in the town with the exception of a few patent medicines which are kept by some of the petty shopkeepers.

The Pharmaceutical Company of Ootacamund, however, have a branch establishment here, where prescriptions are made up, drugs sold by retail.

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Vaccination has been regularly carried on by the vaccinator employed by the Municipal Commissioners 430 cases have been vaccinated during the year, 384 being successful cases. There appears to be a strong objection to vaccination on the part of the better class of the natives· Innoculation is not practised, and there are neither oculists nor lithotomists in the district.

The dispensary is supported by a grant of Rupees 400 per annum from the Municipality. This covers the cost of medicines and medical appliances only. Government grant the services of the medical officer, medical subordinate, and peon. All other expenses, such as dieting sick paupers, pay of servants, repairs to building, bedding, clothing, lighting, wines and spirits, bazaar medicines, are paid from the proceeds of the sale of medicines and by voluntary contributions. In the cold season, when there are but few visitors, the receipts are not found sufficient for the working of the institution, but from the month of March until October there is more than enough collected, so that on the whole the receipts are more than ample to cover all expenses.

The system of allowing subscribers of Rupees 5 per mensem to obtain their medicines free from the dispensary is found to work well. Many persons contribute in this way who would not give anything to the charity.

Of the Europeans and East Indians, 15 were treated as in-patients and 156 as out-patients, and of the Natives there were 119 treated as inpatients and 1,866 as out-patients.

The prevailing diseases amongst the Europeans were intermittent fevers and diseases of the bowels. There were forty-eight cases of the former, and amongst the latter there were nine cases of dysentery. Intermittent fevers are very common amongst the poor classes of Europeans and East Indians, who are principally employed on the numerous coffee estates. Many cases of dysentery occurred amongst those who had previously suffered from intermittent fever. Amongst the Europeans and East Indians there were four deaths, three amongst the in-patients and one amongst the out-patients. The causes of death were dysentery in two cases, and one occurred from each of the following diseases: diarrhœa and abscess of the liver.

The prevailing diseases amongst Natives were intermittent fevers, diseases of the stomach and bowels, rheumatism, and bronchitis. The above are the diseases which one would expect to find here. Numbers of the coolies employed in the coffee estates, and who form no inconsiderable portion of those who attend at the Civil Dispensary for advice, are exposed to vicissitudes of climates and to malaria, often with insufficient or unsuitable food. Hence the prevalence of diseases which might ordinarily be expected to result from such unhealthy conditions of living. During the past year seventeen have made their own arrangements for the supply of food at their own expense. During the previous year the number so dieting themselves was six only.

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Extract from Inspection Report by Deputy Surgeon-General W. Johnston, dated 8th April 1875.

On the present occasion the hospital was inspected with due care, and found to be all that could be wished in respect of internal economy and arrangements for the well-being of the sick, both "in" and "out."

Visitors' Book—General tenor of Remarks.—Favorable.

CUDDALORE.

Extract from Annual Report by Surgeon-Major C. Robertson, M.D.

—	Europeans and East Indians.		Natives.		Total of In-patients.	Total of Out-patients.
	M.	F.	M.	F.		
Remained 31st March 1874 ...	...	...	14	18	14	18
Admitted since	5	1,195	219	9,618	224	10,813
Discharged	5	1,195	214	9,607	221	10,812
Died	...	...	9	...	9	...
Remaining 31st March 1874 ...	...	...	8	29	8	29
Average daily sick for the year ...	0·15	2·52	9·77	36·96	9·92	39·48

Name of Town, population of Town and of District.—The town of Cuddalore, the principal station of the South Arcot District, is situated in north latitude 11° 13″ and east longitude 79° 54″ on the sea shore. According to the last census, the population of the town within municipal limits amounts to 40,290, while the population of the district is put down at 1,762,642.

Date of Establishment.—A dispensary was first established in this town in the year 1850 under the orders of Government. A small house in Munjacoopum was rented, and accommodation for 50 in-patients is said to have been provided.

By whom originated.—The present Munjacoopum Dispensary was built by order of Government, completed and occupied in November 1852.

What Medical Officers have been in charge.—Surgeon W. Burrell was the medical officer in charge when the institution was first opened, and has been succeeded by the following medical officers:—Drs. Crawford, C. Rogers, Doyle, Busteed, Bilderbeck, Smith, and Wilson.

In each year since opening, or as far back as possible, give the following data.—The following are the details regarding admissions, &c., since the opening of the institution:—

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Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1850	78	1,167	14	29¼	1	1
1851	146	3,656	15	40	6	10
1852	86	4,078	10¼	38¼	7	14
1853	116	4,576	11¼	43	9	27
1854	166	6,339	20¼	44	1	44
1855	101	9,182	14	62	6	42
1856	193	8,355	40	146	10	8
1857	197	16,483	22	99	15	19
1858	210	16,663	25	138½	13	25
1859	198	19,482	12	110	12	26
1860	154	21,038	12½	112	11	48
1861	277	22,065	13	112	17	52
1862	423	23,446	12	127	14	40
1863	505	24,001	21	130	11	38
1864	459	25,057	15	113	9	9
1865	232	22,934	11	137	9	16
1866	209	7,939	10	43	13	2
1867	188	8,782	10	60	11	...
1868	177	7,951	9	67	7	...
1869	173	9,334	8	92	7	...
1870	134	6,547	7	41	6	...
1871	130	6,042	8	28	12	...
1872	248	8,456	12	34	15	...
1873	277	7,525	15	35	14	...

If there be any Police Hospital or Lying-in Hospital, their history and good doing.—The history of the Police Hospital has already been given, but a few remarks may be made regarding the Lying-in Hospital. It appears from the records that a native midwifery class was established by Dr. Bilderbeck during the year 1865. Two of these pupils were subsequently entertained on a stipend of Rupees 3½ each per mensem. They appear to have practised among the inhabitants, and to have been very useful. What subsequently became of them is not very clear. I believe that one of them still continues to practise, the other has fallen into bad health. During the year 1871, the late Collector, Mr. Reade, placed at the disposal of Dr. Wilson, then Civil Surgeon, the sum of Rupees 3,300 for the purpose of building a Lying-in Hospital on a site close by the Civil Dispensary. A plan and estimate were prepared by the Range Officer, and under Dr. Wilson's superintendence the building was completed and opened in November 1873. Mrs. King was appointed matron on a salary of Rupees 50 per mensem, to which 7 Rupees house-rent was subsequently added.

State of Medicine among the Native Practitioners, Hakeem or Tabib, Pandit or Vydian, or others.—I have no personal acquaintance with the state of medicine among the Native practitioners; from the little I have seen, however, I conclude it must be at a very low ebb.

State of Vaccination, and views of the people as to its virtues. Are there Inoculators present.—Two vaccinators have hitherto been employed by the Municipality. One is attached to the Civil Dispensary at Munjacoopum, the other to the Branch Dispensary at Cuddalore. During the past year

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the results grant system of payment was tried, the results were very successful, but the expense was too great, and a modified system was subsequently adopted, the vaccinators receiving Rupees 5 per mensem and half of the former allowance for results.

The total number vaccinated was 1,778, and the total expense to the Municipality was Rupees 415-6-0. In certain parts of the town and among certain classes there is still a strong prejudice against vaccination Inoculation is not practised in this town.

The public health of the station and district must on the whole be considered to have been good. Some cases of small-pox, measles, and hooping cough have been observed, but not sufficient numbers to constitute an epidemic.

During the past year the number of out-patients exceeds that of the previous year by no less than 3,288; as the year has on the whole been a very healthy one, it does not clearly appear how such a large increase of patients has taken place. Among in-patients there is a decrease of fifty-three. This is entirely due to the fact that during the repairs and alterations many applicants could not be admitted; next year will no doubt show a great increase of in-patients.

The Lying-in Hospital has been in full operation during the past year; the results obtained, however, bear no proportion to the expense incurred. Only fifteen cases have been treated. The average cost of each patient has amounted to Rupees 52-9-7. It is to be hoped that next year will show a better result. Ten patients have been attended at their own houses. In my opinion it is a matter for regret that the midwifery pupils formerly attached to the dispensary were allowed to fall off, and it is my intention, as soon as possible, to have one or more native pupils entertained and taught with a view to practising among their countrywomen.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 13th February 1875.

Hospital.—Several important changes in the structural arrangements of buildings forming this hospital are now under contemplation. These were clearly explained to me by the Medical Superintendent, and seemed to me of such excellence as at once to command my perfect accord with them, supplemented as they will be by one or two suggestions which were equally approved. Soon those changes will be carried out, and a hospital will then be given to this town in every way worthy of it. But all this will fall to be described in the next annual report.

Inspected by me on the present occasion with the required minuteness; very satisfactory proofs were supplied of the assiduity and care bestowed on the institution by its present Officiating Superintendent, Surgeon-Major Robertson, M.D.

Visitors' Book—General tenor of Remarks.—Favourable.

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CUDDALORE OLD TOWN.

Extract from Medical Report by Assistant Surgeon M. PARASURAMA NAICKER.

The dispensary is situated in Old Town, Cuddalore, the population of which and that of the district, according to the last census, amounts to 9,942 and 1,755,817 respectively; it was established in the year 1860 under the auspices of my predecessor, Native Surgeon J. R. Ignatius, and is now supported by the Municipality, which takes credit of the interest from funded capital and contribution from Local Funds.

The following abstract furnishes the statistics required for each year since the opening of the institution:—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.		Remarks.
	In.	Out.	In.	Out.	In.	Out.	
1860	...	4,780	...	29¼	...	8	The dispensary was opened on the 25th July 1860.
1861	34	8,454	10	25	...	41	
1862	83	8,575	3¾	24½	...	19	
1863	90	8,890	5	25	2	28	
1864	125	8,905	6	25	...	16	
1865	131	8,981	8	28	1	11	
1866	138	8,945	5½	63	2	21	
1867	83	5,625	4¾	35	3	9	
1868	77	5,588	5¼	32¼	1	9	
1869	74	5,281	4½	39	4	12	
1870	90	5,320	5	51½	4	7	
1871	109	5,676	5½	52¼	8	9	
1872	154	5,015	6·43	46·94	6	3	
1873	183	5,331	7·27	43·70	7	5	
1874 ... 1st quarter	50	1,322	7·55	49·85	1	...	
1874-75 ...	208	5,750	9·81	58·40	7	3	

The building now occupied by the hospital is a rented one, and is likely to be vacated very soon. The dimensions are given in the margin. There is a Police Hospital at the station besides a lying-in ward attached to the main dispensary, and both these institutions are under the supervision of the Civil Surgeon. The medicines among the Native practitioners are in imperfect condition, consisting of rude and impure preparations of mercury, iron, antimony, and native drugs used for different diseases. No European medicines are available in the bazaar, there being no chemist's or druggist's shop. The drugs used by Native practitioners are procurable in the district.

	Length.	Breadth.	Height.
	FEET.	FEET.	FEET.
European Ward ..	22	14	10
Native Male Ward No. I. ..	26	20	14
Do. do. No. II.			
Do. Female Ward	15	15	14
No. I.	15	15	11
Surgery	15	12	12
Out-patients' Waiting-room	20	15	11

Vaccination is carried on to some extent in the town and its surrounding villages, and several people appreciate its benefits, while some raise

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objections to its operation on superstitious grounds. There are no inoculators present. I am informed that a Native oculist lives in a village called Oolagapuram in the Tindivanam Taluq, who performs the operation of depression (couching) in cases of cataract, and uses some native medicines for affections of the eye. There are no lithotomists in the district. Several Native Vydians in the town pursue their trade in and around it.

General Observations.—The institution continues to afford its medical and surgical aid to all classes and castes of people, including the European and East Indian population, residing in the town and its suburbs. People in good affluent circumstances, living in distant parts of the district, availed themselves of treatment in this dispensary by taking temporary abodes in the town till their ailments were relieved, while others in poor condition were treated in the dispensary as in-patients. Some of the wealthier classes, owing to their most aggravated complaints, were also admitted and treated in the hospital as in-patients, dieting themselves at their own cost.

Government officials living in Manjacuppam, New Town, &c., have also had recourse to medical advice and treatment at this institution.

Public health.—The total number of cases treated during the year under report was—

	In.	Out.
European and East Indian patients	18	576
Native patients	199	5,222
Total ...	217	5,798

Exhibiting an increase of 19 in-patients and 511 out-patients over the cases of the preceding year. This increase shows the undiminished popularity and progressive usefulness of the institution, and is a sufficient criterion of the estimation in which it is held by all classes of people. Of the total number of admissions, there were 594 European and East Indian applicants who sought relief at this institution, which, I may say, occupies the place of the European depôt.

The diseases that have been most prevalent were fevers, rheumatism, syphilis, primary and secondary, affections of the nervous, respiratory, digestive organs, diseases of the urinary, generative, and cutaneous systems.

Of the total number of cases treated, nine European and East Indian in-patients dieted themselves and eight by the hospital, and nineteen Natives dieted themselves and 172 by the hospital.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 14th January 1875.

The building in which the work of the dispensary was conducted, when the Inspection Report was submitted on the 18th March last, was abandoned some months ago for another a large two-storied house in the same locality in the Old Town of Cuddalore and close to the margin of the back-water. As,

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however, this building will soon be given up for another, that, *viz.*, now occupied as a Police Hospital, it is unnecessary to enter into detailed description here of the accommodation it provides for the sick, but which, it may be said, is ample.

Visitors' Book—General tenor of Remarks.—Favourable.

CUDDAPAH.

Extract from Medical Report by Zillah Surgeon M. IYASAWMY.

Name of town, population of town and of district.—The town of Cuddapah has a population of 16,500, and the district about 1,351,194.

Date of Establishment.—The dispensary was established on the 22nd September 1844 by Government.

By whom originated.—It owes its origin probably to Messrs. W. A. D. Inglis, and W. W. Arbuthnot, the then Civil Judge and Collector of the district, respectively.

The institution was supported entirely by Government till September 1862, when it became a self-supporting one. Its independent existence had been started by the liberal co-operation of thirteen rich and influential residents of Cuddapah, who became, and for some time continued to be, "Life Governors," by paying Rupees 100 to it annually. A fund of 50,000 Rupees has subsequently been collected and invested in the five per cent. Government loan. Its monthly expenses were met entirely from the interest of the funded capital, Government supplying medicines and medical aid gratuitously. The affairs of the institution were conducted by a "Managing Committee" appointed by Government, the Collector of the district being the President. The charity was formally made over to the Municipality in June 1872 by order of Government. It is now supported and maintained partly by the Municipality and partly by the Local Fund Board, supplemented by the interest of the invested fund and voluntary subscription from the public.

What Medical Officers have been in charge.—The following medical officers have been in medical charge of the dispensary :—

Dr. McDonald.
,, Donn.
,, Hunter.
,, Parkes.
,, Peterkin.
,, W. A. Jacob.
Dr. J. Fitzpatrick.
,, J. T. Williams.
,, J. Howell.
,, F. Fletcher.
,, J. T. J. Doyle.
,, M. Iyasawmy Pillay.

In each year since opening, or as far back as possible, give the following data.—The records of the institution could give the required data from 1855 only, as the books prior to that period have been destroyed.

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Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1855 ...	155	2,190	10¼	46	22	8
1856 ...	170	2,566	8½	54¼	17	12
1857 ...	96	3,083	5	56¼	10	5
1858 ...	100	3,859	5	53	10	10
1859 ...	183	4,983	11	59⅓	25	30
1860 ...	186	4,266	11¼	48¼	24	5
1861 ...	258	4,375	12¼	43	11	4
1862 ...	382	4,604	18¼	43⅓	22	13
1863 ...	484	4,309	21	49½	14	5
1864 ...	219	3,712	13	41	28	11
1865 ...	304	3,790	12	53	32	12
1866 ...	357	4,993	13	59	33	14
1867 ...	371	6,559	15	66	11	1
1868 ...	365	7,096	14	72	23	...
1869 ...	383	7,460	14	80	17	...
1870 ...	371	10,784	14⅓	97¾	14	...
1871 ...	352	10,828	15·43	106·57	14	71
1872 ...	530	9,723	19·15	104·56	17	...
1873 ...	494	10,429	20·85	95·64	16	5
1874 ...	168	2,463	21·81	86·16	8	3
1874* ... 1875 ...	587	14,952	20·51	111·32	21	6

Dimension of Hospital.—The hospital is a large square building situated on the south-eastern side of the town, said to have been constructed some seventy years ago by Sir Thomas Munro for a dwelling-house, pent-roofed, with verandah all round, capable of accommodating about twenty patients, divided into four principal wards, two for males, measuring 19 × 17½ and 29½ × 19½ respectively, and two for females, measuring 20½ × 18 and 22 × 10½ respectively. Besides there are two small spare rooms for special cases; a surgery a store-room, and two lavatories, one for males and another for females.

State of Medicines among the Native Practitioners, Hakeems or Tabib, Pandit or Vydians, or others.—The state of medicine among the Native practitioners is in *statu quo*. There are about two or three Hakeems and four or five Vydians in the town and in the neighbourhood. None of them seem to have any great practice, nor are they reported to possess much skill or learning in their own language. Now people of all classes and castes freely resorted to the dispensary for medical treament and advice, and their deeply-rooted prejudice against the English practitioners and English medicines is dying away perceptibly every year. Almost every day the dhoolies of gosha women may be seen at the dispensary.

What European Medicines are available in the Bazaar, and to what extent do Native Practitioners or the People use them.—Very few European medicines are available in the bazaar. Quinine, codliver oil, tincture of iron, tincture of iodine, chlorodyne, pyretic saline, soda and acid powder may sometimes be obtained from a shop (Messrs. Elliot & Co.) here. The Native practitioners

* Up to 31st March.

or the people do not, as far as I know, use any of the European medicines except quinine and chlorodyne.

State of Vaccination, and view of the people as to its virtues. Are there Inoculators present.—The vaccination in the district is, I believe, progressing slowly but steadily; the people have still great prejudice and disbelief against its prophylactic powers, and do their utmost to oppose or evade the vaccinators in every way. The Municipality of the town maintain a vaccinator of their own. There are, as far as I know, no inoculators in the district.

The principal prevailing classes of disease during the year have been intermittent fevers, diarrhœa, dysentery, dropsies, bronchitis, rheumatism, neuralgia, guinea-worm, ophthalmia, venereal affections, skin diseases, abscesses, and ulcers.

The dispensary continues to extend its usefulness and thus gain the confidence of the native community; people of all classes attend regularly for treatment and advice, and seem to appreciate the advantages of the European mode of treatment better every year. The total number of cases treated during the past year has been 15,636, of which 608 were in-patients and 15,028 out-patients, showing an increase of 47 in and 4,984 out patients over the preceding year. Of the 608 in-patients 158 dieted themselves.

Extract from Inspection Report by Acting Deputy Surgeon-General G. Smith, M.D., dated 9th January 1875.

Civil Dispensary.—Is a large building built of mud, and very much out of repair. Its general arrangements are good. It has two male wards (30 × 21 and 17 × 21), three small female wards, including a venereal ward, a surgery, store-room, and operating-room, besides a spare room, two bath-rooms, and an examination-room. The floors are flagged with stone. The hospital is only fairly clean; ventilation is by doors and windows alone. The whole building should be rebuilt substantially, for it is in a bad state, parts of it, indeed, on the point of falling down altogether. The sub-houses consist of a range of cook-rooms and of two new latrines, the latter not yet finished. In the cook-room block are a dispensary kitchen and the poor-house kitchen, also a room for a female nurse who attends upon caste patients. The rooms mentioned were both smoky and dirty when I saw them. Indeed there is a want of cleanliness about the hospital generally.

The *lying-in ward* is in an unsafe state. The building consists of two small wards, each 19 × 15 feet; close to this building is the dead-house. At the corresponding point on the other side is a cook-room, and nearer the main building are to be seen the few remains of what was once a cholera-shed.

I subjoin copy of a memorandum made by me in the Visitors' Book with directions that it be shown to the President of the Municipal Commission. I made my annual inspection of the hospital, &c., this morning. I find the building and out-houses very much out of repair; the enclosed wall incomplete and in places in ruins; the Police Hospital insufficient as regards its

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ward accommodation, and wanting in many of the necessary subsidiary buildings. The building containing the lying-in ward is unsafe; the cook-rooms are greatly in need of cleaning; the poor-house with its subsidiary buildings is in a wrecked condition, and has neither latrine nor wash-house. The hospital lavatories are two in number, one used as a bath-room for females, the other as a store-room for hospital furniture. There is no lavatory for males. The hospital furniture is good; the medicines are carefully labelled and well taken care of, and the instruments in good order.

The institution is a most useful and popular one; the in-patients during 1874 amount to 621, the out-patients to 13,492. A steady effort should be made to substitute substantial pucka buildings for the existing mud structures and to complete the whole by the addition of the necessary subsidiary buildings. The medical wants of 16,000 people seem to demand this effort, and the increasing number of patients constitutes the best proof that the medical help here given is duly appreciated.

Visitors' Book—General tenor of Remarks.—Mere suggestions on minor points.

CUMBUM.

Extract from Medical Report by First-class Hospital Assistant SYED NIZAMOODEEN.

Name of town, population of town and of district.—Cumbum, 7,500.

Date of Establishment.—About the year 1864.

By whom Originated.—Mr. Brandt, C. S., and private individuals.

How supported.—It was partly supported by Government and partly by public subscriptions till the year 1872, when the Municipality took charge of it; it is at present supported by the Municipality and Local Fund.

What Medical Officers have been in charge.—Second Dresser Ramiah, No. 251; First Dresser P. Pursuramooloo Naidoo, No. 151; First Dresser V. Canagasawmy; Third-class Hospital Assistant S. Bashium Naidoo, No. 754; Second-class Hospital Assistant Teekaram, No. 508; Assistant Apothecary D'Castro; Passed Hospital Apprentices F. A. Wynne, W. Grangen, John Fisher, W. Granger, and F. A. Wynne.

In each year since opening, or as far back as possible give the following data:—

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Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In	Out.	In.	Out.
1864... ...	4	134	$\frac{1}{4}$	$3\frac{1}{4}$	...	3
1865... ...	...	834	...	$16\frac{1}{4}$	...	16
1866... ...	...	2,601	...	$50\frac{3}{4}$	...	27
1867... ...	5	2,604	$1\frac{1}{4}$	36	1	5
1868... ...	15	2,651	$11\frac{1}{2}$	$23\frac{11}{12}$	...	2
1869... ...	13	2,289	$1\frac{1}{4}$	$30\frac{1}{2}$	3	5
1870... ...	13	2,501	$1\frac{1}{4}$	$32\frac{3}{4}$	5	5
1871... ...	33	2,876	$2\frac{1}{4}$	$40\frac{3}{8}$	8	5
1872... ...	65	2,533	3·83	35·94	3	4
1873... ...	119	2,830	7·8	38·16	7	1
1874 } 1875 } ...	156	5,783	2·05	44·93	12	4

Dimensions of Hospital.—

——		Length.	Breadth.	Height.	Accommodation for
		FEET.	FEET.	FEET.	
Civil Dispensary	Males	$27\frac{1}{2}$	8	15	5 to 6
	Females	18	18	15	3 to 4
Police Hospital. ...	... ...	26	18	15	5

If there be any Police Hospital or Lying-in Hospital, their history and good doing.—The Police Hospital was founded in 1861, and it is supported entirely by the Government. The building is not at all suitable for hospital. The number supposed to accommodate five, but frequently there are eight or ten at a time; the building is also devoid of proper ventilation. There is no Lying-in Hospital.

State of Medicine among the Native Practitioners, Hakeem or Tabib, Pundit or Vydian, or others.—The only class of persons who undertake to treat diseases is the Vydian class; the principal medicines used by them are various roots and herbs, some of which are noticed in the Indian Pharmacopœia; other bazaar medicines, such as preparations of mercury and arsenic, are also in use.

What European Medicines are available in the bazaar, and to what extent do Native Practitioners or the people use them.—There is a small shop in Cumbum, in which European medicines are to be had, but the chief ones believed in by both Native practitioners and the people are quinine, santonine, chlorodyne, and oil of peppermint.

State of Vaccination, and view of the people as to its virtues. Are there Inoculators present.—Vaccination is at present very defective in Cumbum; there is a vaccinator supported by the Municipality, and he states that he finds it, very difficult to make any advance, as the people have little or no faith in it and he does not receive much support from the Municipal Commissioners, which I think is a very essential point towards succes. No inoculators.

During the period under review the number of in and out patients was greater than that of last year. There were 156 of the former and 5,783 of

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the latter, against 96 and 2,616 respectively in 1873-74. I can only attribute this heavy increase to the unhealthiness of the town and its adjacent villages.

The most prevailing diseases during the year were fevers, diseases of the digestive and respiratory system, and cutaneous affections.

Extract from Inspection Report by Deputy Surgeon-General G. SMITH, M.D., dated 4th February 1875.

The water-supply is derived, directly or indirectly, from the large Cumbum tank. There are no deep spring wells here. The people believe that the water is bad, and that much of the fever is due to its use. Some irrigation water finds its way from the fields into the water channels, and this fact may account for the reported insalubrious character of the general water-supply.

The Civil Dispensary is doing a good and useful work, but the buildings are very miserable affairs, and the accommodation and arrangements are much behind the needs of the town. There are bath-rooms but no bathing tubs; there is no latrine for the Civil Dispensary, though there is one for the Police Hospital. A latrine is required for females. There are but two native cots, the property of the hospital; there is no nurse for female patients, no compounder, no peon. There is no hospital enclosure, no dead-room (*post-mortems* are conducted under a tree), no special or contagious ward, no quarters for the Hospital Assistant. There is no proper room for examining patients, no properly-arranged cook-room. So long as the experiment of Civil Dispensaries is only commencing, and the results, successful or otherwise, cannot be foreseen, it may be necessary to progress with the minimum of comfort and of efficiency; but when the experiment has proved successful, as it has in this case, reason and human interests alike demand that the solitary medical institution for 7,000 people inhabiting one of the most unhealthy town in the Presidency should be made as efficient as capabilities will allow.

CIVIL DISPENSARY, DARAMPURY.

Extract from Annual Report by Passed Hospital Apprentice R. C. D. PRINCE.

Remained	...
Admitted	2,924
Discharged	2,769
Died	11
Remaining	144

The dispensary is situated in Darumpury, a town with a population of 7,283, and affords medical relief to the whole taluq with a population of 120,892.

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The dimensions of the hospital are given below:—

Receiving-room 18 × 18 feet.

Surgery 12 × 12 feet.

Front verandah 18 × 6 feet.

A new hospital according to the standard plan is in course of erection, in a large piece of ground on the north-west of the town, and will be completed in another month or two. For present use the private building I now occupy has been engaged, and for want of room I am unable to receive in-door patients.

State of vaccination is good, and the people are beginning to see the advantages of it. There are three inoculators for this taluq who itinerate in the ranges given them.

This dispensary was established on the 16th September 1874; was originated by the Local Fund Board of the Oossoor Circle, and is supported by Local Funds.

DARAPOORAM.

Extract from Annual Medical Report by Passed Hospital Apprentice S. Appasawmy.

The working of the hospital, considering its present condition, has been satisfactory for the year 1874-75.

The town named Darapooram contains a population of 7,017 inhabitants, and is situated in the Coimbatore District; the population for rest of the district is 209,916.

The hospital was established on the 26th of May 1872.

A. Wedderburn, Esq., the Collector, and J. W. Best, Esq., the late Sub-Collector, proposed to establish hospitals in some of the large towns of Coimbatore District, and it was approved of by Government.

It is mainly supported by the Local Fund Board.

C. Jacob, No. 593, second-class Hospital Assistant, and S. A. Appasawmy, Passed Hospital Apprentice, have been in charge of the dispensary.

Since opening of the hospital or as far backwards as possible, give the following data:—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.		Remarks.
	In.	Out.	In.	Out.	In.	Out.	
1872-73	...	1,091	...	22·53	...	...	* Including 5 Europeans.
1873-74	...	2,480	...	28·29	...	1	
1874-75	...	*3,656	...	25·82	...	3	
Total ...	...	7,227	...	...	...	4	

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The hospital is being built under the superintendence of the new Tahsildar at Government expense and private subscriptions, and it is hoped that it will soon be finished.

The dimensions of the new hospital building.—

Breadth	37 feet.
Length	82½ "

There is no Police Hospital or Lying-in Hospital; the policemen, whose strength is 8 head constables and 57 constables, are treated as out-patients and those who are seriously ill are transferred to Coimbatore Police Hospital. It is doubtful whether Lying-in Hospital is of any service to these people, who are so superstitious as to trust more in the abilities of potters and barbers than in those of well-trained medical men.

The following are the names of Native Pundits or Vydians :—

1. Caroopana Pillay.
2. Nachemooloo Chetty.
3. Chinnappa Thaven.
4. Soobramoney Chettyr.
5. Coopu Mootoo.
6. Vurda Iyen.
7. Maury Mootoo.
8. Govindoo Chetty.
9. Ebrahim Ravoothen.
10. Valoydum.
11. Sada Sooboo Chetty.
12. Aucheemoótoo.
13. Sooberoyen.
14. Chinnappa Pillay.

These men practise medicine extensively in the town and neighbouring villages. Some of these are hereditary Pundits. They administer mercury, arsenic, orpiment, perchloride of mercury, &c., in their crude forms, combined with many other drugs in the form of pills or boluses, the proportion dose and action of which are uncertain. Some of them had been using chlorodyne and quinine, when these had been dispensed by the Taluq Cutcherary before the hospital was in existence. I think that these men should study certain translations of English works on medicine, &c., into vernaculars, and pass an examination before they are allowed to practise medicine in the town.

Vaccination is performed to some extent regularly in the town and neighbouring villages, but the distant ones have been neglected, and the people do not much value its virtues. There are no inoculators present in the district.

No epidemic diseases prevailed, excepting a few cases of small-pox in the distant villages, but no case came under hospital treatment.

The following have been the principal diseases treated during the year :— Ague, rheumatism, catarrhal ophthalmia, bronchitis, vermes, venereal diseases, abscesses, boils, itch, and accidents, but no special cases suited for communication.

At present the hospital is lodged in a small private house rented at the expense of the Local Fund Board; the only servants attached to it are a cooly at Rupees 5 and a waterwoman at Rupees 2 per month. It is indispensably necessary that a compounder should be employed.

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Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 21st March 1875.

The working of the hospital, considering its present condition, has been satisfactory for the year 1874-75.

Although the people attend the hospital in large numbers, yet they don't seem to value English treatment much, since most of them trust in the capacities of native vidians and akeems, who practise medicine largely in the town, and who administer crude forms of mercury, arsenic, &c., largely, the effects of which there is many an unfortunate man to testify to; and it is only when the case becomes hopeless of recovering from native remedies, that they apply for hospital treatment, but only to increase the death-rate. Notwithstanding the Passed Hospital Apprentice's warnings regarding the evil effects of building the hospital near an extensive swamp, the site was not changed.

At present the hospital is lodged in a small private house rented at the expense of the Local Fund Board; the only servants attached to it are a cooly at Rupees 5 and a woman at Rupees 2 per month. It is indispensably necessary that a compounder should be employed.

DATCHAPILLY.

Extract from Medical Report by Passed Hospital Apprentice W. A. Cole.

The climate during the past year has been as is usual in the Pulnam Taluq, the hot weather being the most unpleasant time of it, the heat ranging from 103 to 105 degrees in shade during the hottest time of the year. The cold weather has been moderate, although agues were prevalent during that time. The health of the general population has not been much influenced by any of the preceding causes, the general state of health being good.

The principal diseases prevalent during the year were agues, venereal, lung and skin affections, gonorrhœa, bronchitis, and psoriasis.

DINDIGUL.

Extract from Annual Medical Report by Edward Chester, M.D.

Total of newly-registered cases	8,444
Aggregate attendance of old and new cases	17,044
Number of villages from which patients have come...	679

	RS.	A.	P.
Subscriptions and donations of native friends ...	129	6	11
Amount received in dispensary charity-box ...	26	4	3
Medicines sold at the dispensary	1	15	3
Subscriptions and donations from friends among the civilians	369	0	0

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Of the newly-registered cases, 4,056 were medical, 3,510 surgical, 643 both medical and surgical, and 235 were cases of vaccination.

There have been 141 in-patients. Of the newly-registered cases, there were under six years of age 1,028 males and 711 females. From six to twenty-one years of age there were 1,628 males and 971 females. Above twenty-one years of age there were 2,481 males and 1,625 females.

For the twelve months under review, being the official year 1874-75, a larger number of patients have attended the dispensary than in any previous year. They have also come from a greater number of villages. This not only indicates that more suffering has been relieved, but it is also a gratifying proof of the increased confidence which the people from the villages have in the work of the dispensary. The general character of the work during the year, the number of surgical operations, the work in the Lying-in Hospital, and by the trained midwife, with Government diploma, working in the villages, have varied little from that of previous years. The two diploma midwives have had a total of eighty-nine cases.

The new hospital chuttrum, or rest-house for patients and their friends from the villages, of which mention was made in our last annual report, has been furnished, and in use for nearly a year. The natives who have already occupied it express much satisfaction with it, and it bids fair to be as popular with all classes as our detached houses. It has cost about Rupees 1,400. It is built on a plan to suit the natives, and with special reference to their preferences, while care has been taken to have it well lighted and ventilated and easily kept clean. There are four separate kitchen or cooking places and room for fifty or more occupants. There is also safe accommodation for ten bandies and their bullocks. The chuttrum stands on a very eligible site, and there is enough land connected with it for all hospital purposes. As soon as I can finish my main dispensary building and collect the funds I purpose erecting two small and inexpensive buildings for the express use of poor European and East Indian in-patients. It is now a matter of much difficulty to provide for such.

The Madura Mission, in giving me medical charge after Dr. Palmer left for America on sick leave, allowed me to make use of the grant which our Board had provided for a medical class. This grant being but a small one, made it necessary to receive but a small number to the class, and I have endeavored to use the greatest care in the selection of candidates among many who applied for admission. The class has been carried on in Dindigul in connexion with the Dindigul Dispensary.

I have now a class of ten young men, including four of the dispensary compounders and assistants. They are in two divisions, and while the members of one division are taking notes or reciting, the members of the other are working in the dispensary. On Wednesdays and Saturdays, when we have our field days in the dispensary, and have a larger number of cases from the villages, at times amounting to 130 in a single day, both divisions are employed in assisting me in prescribing, compounding, and dispensing. On these days I have special opportunity for clinical instruction. I am now giving the class notes in Anatomy and the Practice of Medicine. My Head

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Assistant, Mr. R. P. Vathakunnu, has the class for two hours four days in the week, and I spend four hours each week with them, in addition to the special times of clinical instruction. Besides daily practice in the compounding room, the students have also certain duties each day in connexion with the case of the in-patients in the hospital.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 29th December 1874.

The annual Inspection Reports of this institution of the last four years, submitted on the 22nd October 1873, 24th October 1872, and 17th October 1871, respectively, will be found to speak, each successive one, in terms of increasing commendation, and so it will be with the present. Not that proofs of this excellence are to be found in any superiority of the buildings which make up the hospital. It is on the system which obtains whose main object is to open to all castes, the lowest equally with the highest, its doors to all stricken with disease—a system whose excellence has been fully recognised by Government as expressed in its orders which as yet have scarcely received the attention they were designed to commend at least in the wide circle of the Southern District and Malabar and Canara. It is to its present Superintendent, the Rev. Dr. Chester's, unwearied efforts that I am thus able to speak of what has been and still continues to be done by a dispensary which has gained for it a widening celebrity, and this, too, at times in the face of opposition—powerful in itself, because emanating from authority.

The following is a comparative table of sick of in and out patients for the last five years:—

Years.	In-patients.		Out-patients.	
	Admitted.	Died.	Admitted.	Died.
1870	53	3	5,895	Not known.
1871	103	4	5,956	
1872	100	5	6,986	
1873	99	8	7,151	
1874, up to 29th December ...	135	3	7,504	

EDEYENGOODY.

Extract from Medical Report by First-class Hospital Assistant M. E. Mausillamoney Pillay.

The dispensary continues as usual to be well attended by all classes of patients from the surrounding villages, and it is gratifying to say that the majority of the people here have more confidence in European treatment

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than in that of natives. There are many native practitioners called vydiars in this part of the district, and most of them appear to be ignorant; but a few are popular among the people and practise largely amongst them. They practise no surgery, and, as far as I am aware, they commit to memory certain native poetical treatise on medicine, and from them prescribe to their patients.

During the last year 402 out-patients and 21 in-patients were treated. There has been a slight decrease in the admissions of out-patients to that of the last calendar year. This I think is attributable to the health of the station and its neighborhood being comparatively good notwithstanding the hot season and the deficiency of the rains.

No epidemic of any kind prevailed during the year except a few cases of small-pox and fever. Four deaths, two from dysentery and two from remittent fever, have occurred amongst the out-patients, and one death from general dropsy among the in-patients.

The following table will show the number of admissions and deaths of in and outpatients since the opening of the dispensary.

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.		Remarks.
	In.	Out.	In.	Out.	In.	Out.	
1869	7	390	$2\frac{1}{2}$	$16\frac{1}{4}$	1	...	For October, November, and December.
1870	25	2,132	$\frac{1}{4}\frac{7}{8}$	$22\frac{2}{4}\frac{6}{8}$	1	2	
1871	40	1,962	$2\frac{3}{4}$	23	...	4	
1872	23	3,609	1	33	1	3	
1873	25	4,875	1	48	...	2	
1874	1	711	...	$33\frac{2}{3}$	...	1	For January, February, and March.
1874-75 ...	21	4,027	1	51	1	4	

A substantial building for hospital has not as yet been erected, and so two thatched school-rooms facing each other and situated on the eastern side of the village are used, one as surgery for dispensing medicine for out-patients and the other as a ward for in-patients.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 13th November 1874.

The work of the dispensary is conducted in the buildings which will be found described in the Inspection Reports submitted on the 18th October 1872 and 15th October 1873 respectively.

This institution still continues its career of usefulness, and maintains the high character it has long enjoyed amongst the suffering poor of this out-of-the-way corner of the Tinnevelly District under the immediate supervision of the Mission authorities by whom it was founded. The present superior of the establishment speaks in the highest terms of Second-class Hospital Assistant M. E. Mausillamoney Pillay, No. 542, now in charge of the dispensary, of the skill, attention, and care bestowed on the sick who resort to him for treatment; and on the general question of dispensary manage-

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ment and economies, it may be suggested here whether the time has not come to attach a certain monthly stipend to supplement the salary of the medical subordinate in charge of dispensaries, a procedure which, in my opinion, would prove a stimulus to increased effort, and at the same time show that Government appreciates the efforts of the humblest of its servants who are capable of rising above mere routine work as this Hospital Assistant has.

Visitors' Book—General tenor of Remarks.—Favourable.

ELLORE.

Extract from Medical Report by First-class Hospital Assistant C. Appiah, No. 379.

Name of Town, Population of Town and of District.—The town is generally called Voopoor Ellore; it is the largest town in the Godavery District; the population is about 25,487; it is situated 350 miles north of Madras; it lies 50 miles north and by west of Masulipatam, 60 miles from Rajahmundry, and 40 miles from Bezwarrah; it is connected with these last two places by canals, one of which runs through the town and meets the other a mile beyond it; the Kistna and Godavery rivers are there joined.

The population in the Godavery District is about 1,592,939.

Date of Establishment.—The dispensary was opened on the 6th November 1873. A Compounder and an Assistant were appointed by the Commissioners to help the medical officer to distribute medicines for out-door patients.

By whom originated.—The Municipality and Local Fund Boards.

How supported.—By Municipal Commissioners and Local Fund.

What Medical Officers have been in charge.—C. Appiah, No. 379, First-class Hospital Assistant.

In each year since opening, or as far back as possible, give the following data:—

Years.	Total Admissions.	Average Daily Sick.	Total Deaths.
	Out.	Out.	Out.
1873-74	902	16½	3
1874-75	2,442	17	8

During the year 1873-74 902 patients were treated, both Europeans and Natives. The average daily admissions were six per day, from 6th November 1873 to 13th March 1874, and in the last official year there were 2,442 admissions—2,320 Natives, 122 Europeans and East Indians. The average daily admissions were seven per day. As the present dispensary is a mile away from town, most of the inhabitants have been accustomed to

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use Native medicines for many years; but since the establishment of the dispensary, some of them have begun to feel the efficacy of European treatment; the average will in all probability be increased.

Eight casualties occurred among out-patients, one from fever, infantile convulsions, enteritis, burns, ulcer, general debility, and two from diarrhœa.

If there be any Police Hospital or Lying-in Hospital, their history and good doing.—In the verandah of the Police Hospital the dispensary was opened for the use of out-door patients. A surgery-room is occupied for medicines.

State of medicine among the Native Practitioners, Hakeem, Tabib, Pundit, Vidian, and others.—There are upwards of twenty-five Vidians and five Hakeems in this town; they use as follows :—

Napollum (croton).	Potass. nitras.
Preparation of copper.	Sarsaparilla.
Do. of tin.	Bael fruit.
Do. of silver.	Sulphate of copper.
Chiretta.	

What European Medicines are available in the bazaar, and to what extent do Native Practitioners or people use them :—

Quinine.	Arsenic.
Jalap powder.	Colocynth.
Oil of peppermint.	Black oil.
Chiretta.	Borax.
Cubebs.	Calomel.
Alum.	Oil of cinnamon.
Tincture of iodine.	Potass. nitras.
Sulphuric acid.	Opium.
Sodæ sesqui carbonas.	Sulphate of copper.
Tartar emetic.	Potass. iodid.
Preparation of iron.	Tinct. opii.
Do. of lead.	Santonine.
Do. of mercury.	Cream of tartar.
Sulphur.	Turpentine.

Some of the native practitioners use small quantities, but most of them have recourse to their own remedies.

State of Vaccination, and view of the people as to its virtues. Are there Inoculators present ?—The vaccination was kept up regularly by the Municipal Vaccinator under my supervision. Among the inhabitants the number of cases vaccinated during the official year was 853, out of which 659 were successful and 149 unsuccessful; the vaccination is considered good by the inhabitants in general, but some of the Brahmins and Compties have an aversion to it. There is no practice of inoculation in this district.

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Are there any Native Oculists or Lithotomists in the district?—There are few oculists in the district; they occasionally visit Ellore and perform their operation to no available purpose without the sanction or notice of any authority. There are no lithotomists in the district.

Extract from Inspection Report by Deputy Surgeon-General W. J. vanSomeren, M.D., dated 1st January 1875.

Only out-patients are treated here; there have been 2,470 cases in the year. The average number of Natives daily is 15¾.

The most prevalent diseases have been fevers, rheumatic and cutaneous affections.

Seven deaths have been recorded under the heads of ague, bronchitis, convulsions, lateritis, chronic diarrhœa, general debility, and burns, respectively.

The dispensary, like the Police Hospital, is too far away from those for whose benefit it is provided. A site has been fixed upon closer to the town, in fact on its very skirt, more suitable every way, for building a Civil Hospital, but this is as far as matters have gone, although I believe the site was selected about six months ago. No building operations have yet been commenced, nor do I see preparations for any. Good water, I am told, is available close to this site.

ERODE.

Extract from Medical Report by Passed Hospital Apprentice E. Theobald.

Name of Town, Population of Town and District.—Erode. 7,817, 232,911.

Date of Establishment, &c.—The hospital was first established in the month of September 1872, but the real working of the institution did not commence till December of the same year, as no medicines were available for healing the sick.

By whom originated.—The funds for building the new hospital was raised by subscription from the inhabitants of the town and taluq, but as the amount thus obtained was found to be insufficient to complete the building, the Local Funds contributed a small amount towards its completion. As Erode was made a municipal town, the institution originated through the Commissioners.

Second-class Hospital Assistant F. Ambrose Pillay, No. 740, was in charge from the 7th September 1872 to the 31st August 1873, when I relieved him, and have been in charge ever since.

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Statement showing the Number of Sick treated since the opening of the Dispensary.

Year.	Total Admitted.		Average Daily Sick.		Total Deaths.		Remarks.
	In.	Out.	In.	Out.	In.	Out.	
1872	None.		None.		None.		No record kept.
From September 1873 to 31st March 1874.	...	1,256	...	33·4	...	4	
1874-75	11	3,469	25	44·6	2	2	

	Dimensions of Hospital.
1 Male Ward	24′ × 12′
1 Female Ward	15′ × 12′
1 Dispensary	12′ × 12′
1 Operating-room	12′ × 12′
2 Bath-rooms	8′ × 8′

A separate ward for treating the men of the force would be very desirable; as this being the head-quarters of this taluq, men reporting sick at out-stations are sent in here for treatment, and under existing arrangements it is not possible to exercise anything like control over them.

A lying-in ward attached to the hospital would, I think, prove a success, especially if a native nurse was in charge. The state of midwifery among the indigenous midwives is extremely low. The women who practise here belong to the lower castes, and are an ignorant lot; very often they are old and decrepid, and are scarcely strong enough to perform the work they undertake.

If a lying-in ward is opened out here I would suggest that the system of giving batta for cases at the beginning should be adopted until the institution becomes popular.

From inquiries I have made I believe there are a few native practitioners in the surrounding villages who are considered to be clever men, but if one was to judge from some of the cases which have passed through their hands I should certainly not feel inclined to trust them. The chief merit—if it could be considered such—of their practice consists in a strict diatetic regimen. Often cases treated by these vydians are brought to death's door more from starvation than from the actual disease.

There are two vaccinators for the taluq. The natives appreciate vaccination, and believe in its virtues as a preventative. No inoculators are present.

I am informed that there are native oculists (Mahomedans) who occasionally visit the Erode Taluq. These men, I believe, come from the Dharapoorum and Bhowany Taluqs. They only operate for cataract. The method adopted is that of reclination.

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The annual working expenses of the dispensary is borne by the Municipality; the Local Fund Board contributed a moiety towards the dieting, &c., of the sick.

On the 1st May 1874 the dispensary was removed from my quarters to the Subsidiary Jail Hospital, and in September the new building was occupied, which is found sufficient for the present requirements of the town, &c.

The monsoons during the past year set in earlier than usual; the total fall of rain was 26·90 inches. The hot season was very oppressive, as it usually is in March, April, and May. Fevers and rheumatic affections were the chief prevailing diseases. One case of typhoid fever occurred at the station. The months of January, February, and March are usually very unhealthy, and this year has not been an exception.

The fever which prevailed for the past two months was of a severe type, and did not yield readily to antiperiodics.

Small-pox prevailed to a slight extent during the earlier months of the year. Two deaths were registered from the disease. No other epidemic prevailed. A mortality table is appended.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 8th February 1875.

When the last Inspection Report of this dipensary was submitted on the 6th January twelve months, its work was then being conducted in a room of a small bungalow in which the Passed Hospital Apprentice in charge resided, but on the 3rd September last another and a more appropriate building was constructed.

Its site is the centre of the town of Erode, and the building, a substantial one, rests on a basement raised about 3 feet from the ground surface level.

In the construction of this, as well as other kindred hospitals, a very palpable defect, one on which I have not failed to enlarge on numerous occasions, has been permitted, in that only the necessities of the very lowest castes and classes of the suffering poor have been consulted, for whom alone accommodation as "in sick" has been provided within this hospital. Not that Government has not recognized the necessity of enlarging our dispensary system so as to bring it into harmony with the wants of all classes, so that no strain shall be put on prejudices which the high *caste* Hindu have all the force of passion, but some how the matter has received that scant attention, at least within my circle.

Number of sick in attendance for out-door relief this day sixty-eight. There is one case of wound in the hospital ward as in-patient dieting himself.

Visitors' Book—General tenor of Remarks.—Favourable.

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GOOTY.

Extract from Medical Report by Assistant Apothecary S. E. Carrapiett.

Name of Town, Population of Town and of District.—Name of town, Ghooty; population of town, 6,033; of taluq, 148,786; and of district, 1,638,121.

Date of Establishment.—As far as I can obtain information from the records of the hospital, the dispensary appears to have been opened in September 1858.

By whom originated.—The dispensary is kept up in memory of Sir Thomas Munro.

How supported.—Partly by Local and Municipal Funds, from Sir Thomas Munro's Endowment Fund, and also by the Government.

What Medical Officers have been in charge.—The following medical officers have been in charge:—

Assistant Apothecary J. Middleton, from September 1858 to November 1858.
Do. P. Shortt, from November 1858 to June 1860.
Do. P. Anderson, from June 1860 to June 1862.
Do. A. White, from June 1862 to February 1863.
Do. G. J. Duckworth, from February 1863 to July 1863.
Do. D. Stewart, from July 1863 to December 1865.
Do. R. J. Ramsbotham, from December 1865 to February 1867.
Do. E. S. Mayley, from February 1867 to December 1868.
Do. H. J. Scott, from December 1868 to May 1869.
Do. L. W. Lincoln, from May 1869 to March 1870.
Do. W. Manella, from March 1870 to October 1871.
2nd-Class Apothecary J. J. H. Everard, from October 1871 to December 1871.
Do. do. S. E. Carrapiett, from December 1871 up to date.

In each year since opening, or as far back as possible, give the following data:—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1861	...	2,439	...	40	...	19
1862	...	2,878	...	61¾	...	8
1863	...	1,390	...	46½	...	3
1864	124	1,169	4½	26½	6	2
1865	167	1,264	5	16¾	4	31
1866	103	1,401	3½	14½	2	13
1867	105	1,637	5¼	18½	6	2
1868	88	1,388	4·85	18·75	6	6
1869	104	1,615	4½	28	12	13
1870	84	1,154	2·22	15·40	8	1
1871	55	1,137	2·37	14·72	5	9
1872	67	984	3·46	12·95	9	1
1873	78	1,311	4·78	19·35	11	1
1874	87	1,671	6·03	35·97	7	...

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Dimensions of Hospital.

	Feet.	Inches.
Length of male ward	24	0
Breadth of do.	15	7
Height of do.	12	7
Length of female ward	18	7
Breadth of do.	15	7
Height of do.	12	7
Length of lying-in ward	15	7
Breadth of do.	9	7
Height of do.	12	7
Length of surgery	15	7
Breadth of do.	11	9
Height of do.	12	9

What European Medicines are available in the bazaars, and to what extent do Native Practitioners or the people use them.—The following medicines are procurable in the local bazaars:—Sulphates of iron and copper, nitrate of potash and alum; these medicines are all more or less in an impure state; they are all used in the treatment of diseases by the native practitioners.

State of Vaccination, and view of the people as to its virtues.—As far as the town is concerned, I can vouch for the good vaccination has done, as there has been no small-pox for the past two years.

Are there Inoculators present?—I am also glad to state that the natives are of late appreciating vaccination very much, with the exception of a few of the lower class people; the generality of them take to vaccination quietly. No inoculators in the town.

The hot season was of short duration, the rains having set in earlier than usual.

The fall of rain during the year has been very heavy. The public health suffered much from fevers and coughs, no doubt in a great measure due to the very severe monsoons we have had.

During the year there were 1,933 admissions in all, of which number 1,846 were out and 87 in patients, being an increase over the previous year of 490 in the former and 12 in the latter. There were 253 admissions from fevers, out of which one case of remittent fever proved fatal. Fevers, although prevalent in this place in the cold season, has been much more so during the year under review.

Extract from Inspection Report by Deputy Surgeon-General G. Smith, M.D., dated 29th January 1875.

The number of patients attending the dispensary is on the increase, showing the confidence placed on Mr. Carrapiett by the general public

Memorandum entered by me in the Visitors' Book, 29th January 1875. I am glad to see that the new dispensary is so near completion, for the existing one is quite unsuited for dispensary and hospital work.

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The arrangements of the new dispensary should be carefully reconsidered, as there are certain defects which require remedy—

(*a.*) The latrines are too small, insufficiently ventilated, and are arranged upon defective principles.

(*b.*) A second cook-room is needed. The ventilation of the present one is defective.

(*c.*) The dispensary should be enclosed with a wall and the ground levelled.

(*d.*) The stores of dry earth should be covered in.

(*e.*) The drainage of the lavatories of the female wards is imperfect.

(*f.*) The well of potable water should have drawing tackle.

(*g.*) A dead-room is required, and a separate building or shed for contagious cases.

Congratulatory on the erection of a new dispensary.

GOODALORE.

Extract from Medical Report by Assistant Apothecary P. K. Frederick.

Observations on the climate, &c.—Goodalore, the head-quarter station of South-East Wynaad, is situated between 11° and 12° north latitude and 76° and 77° east longitude, at an elevation of 3,600 feet above the sea on a steep incline of one of the hills belonging to the Neilgherry Range of the Western Ghauts. It consists of a Kother's village above the hospital in a westerly direction, which contains about 30 huts arranged in three rows; a parcherry, which consists of about 20 huts in a cluster below the hospital, in an easterly direction; and the bazaar, which consists of about 100 huts, occupying the sides of the old and new Goodalore roads, which run, the former north and south and the latter east and west, at right angles to one another.

The country around Goodalore is very hilly and covered with thick forests, portions of which have been cleared for coffee planting; these plantations and a few swamps which are cultivated with rice are the only inhabited portions of the country, although a few wild tribes, chiefly the Cooroombers, who are in a state of pure barbarism, inhabit the jungles. The Cooroombers are said to live like wild animals in the jungles feeding upon leaves, roots, &c., in a raw state, and seldom remain in one place for more than a few days, but migrate in gangs of ten or twelve from place to place. Some Cooroombers have been brought up to work in the plantations, and these exhibit a striking contrast between themselves and their brethren in the jungles. The Kothers, who are said to be the aborigines of Goodalore, are a race of people who have attained to a certain degree of civilization, so much so as to cultivate paddy, &c., and cover themselves with a cloth. These are a very ignorant people, but easily taught.

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The soil in various parts of the country is rich in gold and other metals, and operations to extract gold have already begun, and doubtless will meet with gratifying results. Besides these riches which the earth in this part of the globe possesses in its bowels, it is also rich on its surface, which abounds with teak and other timber trees, bamboos, sandal-wood, fruit trees, and spices; and is productive of almost all kinds of vegetation. The chief productions of the country are gold, ivory, coffee, teak, sandal-wood, bamboo, fruit and spice. Rice and ragi are cultivated to a certain extent by the Kothers and Chetties for their own consumption. Articles of food, clothing, &c., are brought in from the neighbouring districts, chiefly the Mysore and the Neilgherries, and are very highly priced.

The sanitary condition of Goodalore is middling. There being no conservancy establishment in the station, two sweepers are employed by the community, who sweep the streets daily and keep them tolerably clean.

Water is supplied by two small streams, one in the east and the other in the west of the station, but the supply of water to the hospital is brought from a spring at about half a mile from the hospital by means of a series of bamboo pipes united one to another forming a canal from the spring to the hospital; this water is pure and better than the water in the streams, as the former is free from surface admixture or contamination by decayed vegetation.

Vaccination.—I have vaccinated 75 cases, of whom 49 were successful and 26 unsuccessful. There are no vaccinators; it would be a great advantage to the community were one to be appointed to this part of Wynaad.

Principal diseases and the classes of disease prevalent during the year.—Intermittent fever with its usual sequelæ, the enlargement of spleen, general debility and dropsy, bronchitis, dyspepsia, constipation, diarrhœa, dysentery, skin affections, and accidents have formed the bulk of diseases prevalent in the year. Intermittent fever contributed 560 out of 2,246, the whole number of cases treated from all diseases. This is slightly more than the number of intermittent cases treated in the year 1873-74, when there were 523 cases from this disease out of 1,956, the total number of cases treated from all diseases; so the ratio of intermittent fever to the total number of cases treated in either year is nearly the same, being 1 in 3¾ in 1873-74 and 1 in 4 in 1874-75.

General dropsy has chiefly aided in swelling the mortality in hospital, as there have been 10 deaths from this cause out of 30, the whole number of deaths from all diseases.

Gun-shot wound.—Kalla, æt.20, male, Cooroomber, cooly at Ararata Para Estate, brought to hospital by the Police at 11 A.M. on the 17th November 1874 with two wounds, inflicted by a bullet discharged from a gun: one circular and about half an inch in diameter with edge slightly inverted, and situated just beneath the spine of the left scapula about its middle; and the other wound irregular and lacerated, and this situated on the chin a little to the right of the mesial line. The bullet entered the skin and touched the spine of the scapula in a slanting manner, glided along the spine, passed

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over the acromio-clavicular articulation, passed in front of the neck obliquely upwards, crossed the mesial line just above the Pomum Adami, passed forwards under the lower jaw, and made its exit on the chin below the angle of the mouth on the right side. The bullet, in this wonderful travel from the middle of the spine of the scapula on the left side to the right side of the face, passed under the skin without injuring in the slightest degree any of the deeper structures over which it passed. The intervening skin between the inlet and outlet of the bullet was slightly raised like a rod. The accident occurred on the 16th instant (November) in a thick jungle where the patient was engaged in pulling out some roots from the ground, and was mistaken for a bear by another Cooroomber who shot at him. There was not much bleeding, nor did the patient complain of any great pain.

Treatment.—After washing the wounds with a weak solution of carbolic acid, injected carbolic acid lotion 1 to 60 parts into the wounds, and dressed the inlet wound with carbolic acid oil 1 to 16 parts, and the edges of the wound on the chin were brought in apposition by adhesive plaster.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 28th February 1875.

Hospital.—On this occasion of its inspection it was very satisfactory to note the improvement which has followed the efforts of its present Medical Superintendent in the general hospital economy and arrangements for the effective working of the charity.

GUNTOOR.

Extract from Medical Report by Surgeon S. M. Tyrrell.

—	In-patients.		Out-patients.	
	Europeans and East Indians.	Natives.	Europeans and East Indians.	Natives.
Remained 31st March 1874	...	16	...	30
Admitted	2	145	7	3,249
Discharged	2	87	3	2,935
Do. relieved	...	17	2	121
Do. no better	...	10	...	3
Do. absent	...	...	2	163
Died	...	30	...	2
Remaining	...	17	...	55
Average number of sick for the year ...	·37	16·59	·27	47·45

Name of Town and its Population with that of the District.—Guntoor, with a population of 18,033, is the head-quarters of the Judicial Department and

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of the Sub-Collectorate of the Kistna District, the population of which, according to the last census, is 1,452,374.

The history of the dispensary from its first establishment.—The Civil Dispensary was first established in this station on the 1st February 1848.

Dr. Horak, Zillah Surgeon of Guntoor in 1845, brought to the notice of the then Superintending Surgeon, for the information of the Medical Board, the want of a dispensary wherein to treat the sick poor of the town and district. He says that "since my arrival at Guntoor I had frequent applications from the poor for medical aid, but as no public institution exists for their reception, I have been unable to afford them that assistance which such an establishment would otherwise have enabled me to dispense.

"A large commodious building, capable of holding 80 patients, was some time ago erected for that express purpose, but which, for want of a regular medical establishment, is at present shut up, and might at a very trifling expense be opened for that humane purpose."

Mr. Stokes, the Collector of Guntoor, wrote to the Revenue Board in July 1847, soliciting the Board's aid and support in recommending to Government the establishment of a dispensary. He submitted two propositions: the first was the establishment of a Native Hospital or Dispensary, which he said would be highly prized by the native population both of Guntoor and district; and the second was the grant of a supply of medicines to such an extent as the Government may see fit from the Government stores.

The building alluded to by Dr. Horak "was," says Mr. Stokes, "called the 'lungerkhana,' and was situated on a most convenient spot adjoining the Garrison Hospital."

He further states that Rupees 450 were given out of the legacy of the late Mr. Whish to put the building in good order, and that the residents were prepared to support and meet by monthly subscription the establishment and current expenses required for the institution, and the Zillah Surgeon kindly giving his services gratuitously.

The Board, in submitting the Collector's letters to the Most Noble the Governor in Council for orders, stated that his proposals were deserving of support, and they, therefore, begged to recommend that authority be granted for issuing the requisite supply of medicines; and, with a view to placing the proposed institution on an efficient footing, a medical subordinate officer be appointed under the supervision of the Zillah Surgeon.

The Government were then pleased to sanction the issue of medicines, &c., from the public stores to the extent the Medical Board may deem necessary, and His Excellency the Commander-in-Chief was requested to detail a medical subordinate to take charge of the new institution. Thus it was that the dispensary was opened in February 1848. As the Surgeon-General would like to know of the many and various changes which the institution has gone through since its formation, more than 27 years ago, I shall now give quotations from the Annual Medical Reports in my possession.

The first in my possession is for 1849, and in which it is stated "that the residents undertook its support, but they being few in number, the sub-

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scriptions do not amount to more than is sufficient to permit of 4 or 5 patients being treated at one time. The dispensary was situated near the Garrison Hospital. It was an oblong building divided into two wards: one for males, 54′ × 12′, capable of holding 30 in-patients; the other for females, 24′ × 12′, capable of accommodating 12 patients. A cook-house, store-room, dead-house, and necessary were attached to it."

In 1850 there was an increase in the number of patients, and this the medical officer states is not to be attributed to a greater prevalence of sickness, but to the benefits of the institution having been extended by Government.

In his report for 1851, the medical officer condemns the building then used as the dispensary.

He says: "the building now occupied as the dispensary was originally a native dwelling-house, and is by no means well adapted for its present use. It is a narrow building with mud walls and tiled roof, and the accommodation is insufficient for the number of applicants. It is my intention to write to the civil authorities to request the sanction of Government for the construction of a new dispensary."

In the report for 1853 it is stated that the European and Native residents subscribed Rupees 1,500 towards the building of a dispensary, and the medical officer hopes the Government will be pleased to sanction the like amount. The erection of a permanent dispensary was sanctioned by Government in 1854 at an estimated cost of Rupees 4,000, provided the inhabitants subscribed Rupees 1,500 of that amount, and which was already collected in 1853.

"It was proposed that the new building be built on the site of the present one, taking in some additional ground; and after careful consideration it appears that no better site is attainable, as it is well raised and dry, and, as regards the town, is centrally situated."

The plan was drawn up by Mr. Rhodes, the then Session Judge.

"It provides a general ward, 48′ × 22′, for male patients, capable of holding 16 beds, a male caste ward, 22′ × 22′, for 8 patients, and a female ward, 22′ × 22′, for 8 beds. To each ward a bath-room and necessary were attached. There were also a surgery and operating-room, cook-room, and store-room."

It was supposed that the building would have been completed in eight months, but from various causes it was not ready for the reception of patients until 1861.

In his report for 1855, the medical officer states "that the site of the present dispensary, adjoining as it does the Garrison Hospital and other military buildings, is not of sufficient extent to admit of another large building with a compound. A piece of ground has therefore been selected near the chief bazaar with the concurrence of the Acting Collector, Mr. Newill, which, both in point of situation, the vicinity of water, &c., is in every way to be preferred for the site of a Civil Dispensary."

In 1857 "the foundations of the new dispensary were dug and some materials purchased, when the orders of the Supreme Government directing

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Public Works to be discontinued arrived, and the Engineer Officer did not consider himself justified in proceeding with the building."

But in his report for 1859, the medical officer wrote that the building for the new dispensary was commenced early in the year and the work progressed favourably, when, in consequence of some proposition laid before Government to convert the cutcherry into a dispensary, the workmen were withdrawn and the place left unfinished after an expenditure of nearly Rupees 3,000.

He then complained, and justly too, "of the limited accommodation and unwholesome construction of the existing dispensary, the walls of which were entirely built of mud and fixed with miserably small windows closed only with solid shutters of wood, its floor little elevated above the surrounding earth, its roof low and heavy and without any provision for ventilation; and the width of the place is only sufficient to admit of one cot being placed transversely."

In 1861 the new Civil Dispensary was completed with the exception of some out-buildings, and opened for the reception of patients. This was a well-built and commodious edifice of brick and chunam, extremely well lighted and ventilated, with excellent arrangements for the comfort of the inmates. It consists of two principal wards, one for male and one for female patients, with a bath-room to each, and also a small spare room adjoining each. The male and female wards are separated by the dispensary and store-room in the centre and operating-room at the back. The latter is extremely well lighted by a glass window in the roof and an ordinary window in each side wall. There is a spacious verandah in front and in rear of the building."

The medical officer in his report for 1862 wrote as follows: "The dispensary does not meet with that support from the wealthier natives of the town and district which was anticipated, and which it deserves. Not one has contributed to its support; but in that of 1863 he mentions with much pleasure receipt of donations and subscriptions to the amount of Rs. 340-14-0 and promise of Rupees 921; of this amount Rupees 700 were contributed by the Repally Taluq."

In this year a meeting of the native inhabitants was held on the 23rd September, when a sufficient sum was subscribed to render the Civil Dispensary self-supporting, consequently the Government grant of Rupees 50 was not drawn; but the Government withdrew this allowance in May 1864.

This withdrawal and the falling off of native subscriptions account, says the medical officer, for the decrease in the number of in-patients.

In the report for 1866 "he regrets to state that the native inhabitants of the town seem less disposed than ever to contribute to the support of the dispensary. There are upwards of 50 wealthy merchants in the place who could alone, if so disposed, place the institution on a satisfactory footing. After repeated meetings I have induced them to promise to subscribe Rupees 600 annually, but the promise was most grudgingly given;" and in his report for 1867 he states "that of the promised yearly subscription, only Rupees 235 were, with the greatest difficulty, collected within the

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first two months of the year; but since that time not another rupee could by any inducement be obtained."

"Another meeting was held in 1868, and after much discussion and with evident reluctance Rupees 115-12-0 were collected. All those at the meeting refused to pay monthly or annual subscriptions."

He then goes on to state that there is no prospect of the institution being rendered self-supporting, and fears there will be no alternative left, but to close it in accordance with the instructions of Government contained in G.O., No. 15, dated 7th January 1868.

A third meeting was held of the native inhabitants in May 1868, when Rupees 42 were given as a monthly subscription and paid in advance up to December, "with a promise that the subscription would be continued quarterly in future," and thus the dispensary was once more rendered self-supporting.

"During the first half of 1869 the subscriptions were more than sufficient to meet the expenses of the institution, but during the latter months of this year they were very low, owing to a diminished number of European residents, and particularly to the absence of some French gentlemen who subscribed very liberally." The financial condition of the dispensary when I assumed its charge in December 1870 was far from being in a flourishing state.

The dispensary at that time possessed Rupees 1,000 invested at 5 per cent. in the local branch of the Madras Bank, besides a deposit of Rupees 570, which by September 1871 had dwindled down to Rupees 140.

The Civil Dispensary by a G.O., dated 30th October 1871, was transferred to the charge of the Municipal Commissioners of this town.

The Municipality with the Local Fund Board of this circle provides most liberally for all its wants.

Rupees 57 were transferred to the municipal accounts, and Rupees 1,000, with interest amounting to Rupees 92, were withdrawn from the Bank and paid to the Municipality. The money is at present lodged in the local Savings Bank.

Medical Officers who have been in charge of the dispensary.—The following medical officers have been in or were appointed to take charge of the Civil Dispensary, Guntoor:—

Name of Medical Officer.	Date of Appointment.	Date of Departure.
Surgeon Horak	......	......
Surgeon-Major F. Fletcher ...	29 January 1849.	June 1859.
Do. G. Bidie, M.B....	21 April 1859. Joined 6 June.	13 April 1861.
Do. T. Croudace, M.D.	8 February 1861. Joined 6 April 1861.	4 May 1864.
Do. C. R. G. Parker.	11 March 1861. Joined 9 April 1861.	6 August 1861.

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Name of Medical Officers.	Date of Appointment.	Date of Departure.
Surgeon-Major C. R. G. Parker.	22 March 1864. Joined 4 May 1864.	13 June 1864, on sick leave to England.
Apothecary E. A. Morris ...	13 June 1864.	19 April 1865.
The late Surgeon F. O. Bigg-Wether.	20 March 1865. Joined 19 April 1865.	6 April 1868.
Surgn.-Major J. B. Fleming, M.D.	14 January 1868. Never joined.	Removed 13 March 1868.
Surgeon H. C. Mayer ...	13 March 1868. Never joined.	Replaced for Military duty 20 Mar. 1868.
Apothecary J. O'Keeffe ...	20 March 1868. Joined 6 April 1868.	11 May 1868.
Do. R. F. Stephenson ..	29 April 1868. Joined 11 May 1868.	18 March 1869.
Surgeon-Major J. M. Miller, M.D.	9 March 1869. Joined 18 Mar. 1869.	September 1869; left for Masulipatam for medical advice.
Surgeon R. P. Martin, M.D. ...	Appointed, but never joined.	
Do. W. E. Wright ...	5 October 1869. Joined 22 Oct. 1869.	25 December 1870.
Do. S. M. Tyrrell ...	Joined 25 Dec. 1870.	

Return giving "Daily Admissions," "Average Daily Sick," and "Total Deaths" from the year 1860 *to the past year.*—The following return gives the total admissions, average daily sick, and total deaths from the year 1860 down to the past year:—

Years.	Total. Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1860	454	3,049	25·85	34·56	15	34
1861	79	1,288	7·06	13·06	1	...
1862	76	1,589	4·07	10·25	8	...
1863	62	1,933	0·81	1·56	8	10
1864	102	1,995	...	...	6	3
1865	66	2,152	4·87	23·04	8	...
1866	110	1,959	5·45	15·27	19	13
1867	88	2,165	5·10	31·14	8	48
1868	77	2,097	4·77	25·56	11	1
1869	68	2,440	3·87	29·60	10	3
1870	111	2,475	5·80	30·08	16	8
1871	97	2,342	6·85	23·77	11	7
1872	135	2,379	8·80	26·60	12	12
1873	176	2,397	13·33	30·80	27	6
1874	155	2,963	16·14	39·52	27	4

General Observations on the working, popularity, and usefulness of the dispensary.—During the past official year the attendance at the dispensary has been very large, and it has afforded me much pleasure; for it is an index,

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and a true one, of the increasing popularity of the institution which has done and is doing good work, in an inostentatious way, in this town.

Its operations are not confined to the town itself, for people from all parts of the district flock to it for relief and advice.

It has gratified me not a little to see patients sent to hospital by those who had obtained relief here.

The average daily attendance for the years 1873-74 and 1874-75 is given below:—

	1873-74.	1874-75.
In-patients	14·25	16·96
Out-patients	32·50	47·72

It will be observed from the above figures that although there was a decrease in the number of in-patients treated in the dispensary, yet the average daily sick was somewhat greater. The falling off is due to the fact that I was reluctantly compelled to decline admitting many patients for want of accommodation and a sufficiency of clothing and bedding.

Extract from Inspection Report by Deputy Surgeon-General W. J. vanSomeren, m.d., dated 3rd January 1875.

Hospital.—The Civil Hospital of Guntoor is a neat, clean building, pucka and tiled, east of the Police Hospital, on a naturally and effectively drained situation in what is called new Guntoor.

The water-supply is derived from a good well in the bed of the red tank. It has two latrines, in which the "dry" system is well maintained and coal-tar freely used.

Bedding and Furniture.—I cannot consider the bedding and clothing equal to the requirements of the hospital. The average number of in-patients is 15¾ daily, but there has been a maximum of 24, *i.e.*, 15 males and 9 females. The bedding is insufficient for one of each article in use, one at the wash and one in store; and there are only 23 blue cloths for females, of which 18 only are available, the others being unserviceable.

Principal diseases.—These have been malarial fevers, rheumatism, syphilis, diseases of the digestive system, and cutaneous affections, but mortality has not been specially high in any one of them, although the death-casualties have amounted to 27 in 156 in-patients. Inquiring into the causes of this I learn that the number of deaths has been greatly swelled by the number of debilitated and emaciated pilgrims brought into hospital simply to die, and whose decease in several instances took place within some hours of their admission. I am also informed that venereal diseases prevail here to a great extent from the number of prostitutes who have come hither from Nellore and other places to ply their vocation among the well-paid coolies in the cotton presses of the station. Would not the Contagious Diseases Act prove a benefit to this place?

Visitors' Book—General tenor of Remarks.—Favourable.

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HURPUNHULLY.

Extract from Annual Medical Report by Passed Hospital Apprentice W. Granger.

This institution was opened in the town of Hurpunhully in the Bellary District on the 12th March 1875. It was originated and is supported by the Local Fund Board, Bellary Circle.

The population of the town amounts to 6,300, that of the taluq to 62,800, and that of the district to 1,300,000.

Passed Hospital Apprentice W. Granger, who joined on the date of opening, remains in medical charge.

For the twenty days that the dispensary was in existence before the close of the official year the numbers of admissions, &c., were as follows:—

Year.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1874-75... ...	2	225	0.76	44·7	..	...

The hospital consists of the following apartments and out-houses:—

Apartments.	Superficial Area.	Capacity.
	SQ. FEET.	C. FEET.
1 Surgery and Dispensary ...	168	2,520
1 Male Ward	186	2,464
1 Female Ward	168	2,464
3 Bath-rooms (each)	96	792

Out-houses.	Superficial Area.	Capacity.
	SQ. FEET.	C. FEET.
1 Cook-room	100	1122·5
1 Godown	100	1122·5
1 Male latrine ...	80	895
1 Female latrine ...	80	895

No dead-house or contagious ward has been provided.

From my limited knowledge of the place I cannot speak with any certainty regarding the state of medicine amongst the native practitioners, but, as far as I am aware, the individuals ranking as hakeems or vydiens in this town, though comparatively numerous, do not even profess to have more ability than that necessary for the treatment of the simplest forms of disease, since more than one or two of them have applied at the dispensary for treatment either for themselves or relatives in cases of moderately severe illness (*e.g.*, infantile convulsions, remittent and intermittent fever,

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and even ear-ache), confessing that these were beyond their skill, while admitting that they practise amongst the inhabitants. It would seem, therefore, that the neighbourhood is lamentably deficient in native practitioners of even moderate skill, and it would certainly be advisable to educate one or two promising native lads for eventual employment in this taluq as private practitioners, in accordance with the scheme referred to in G.O., No. 418, of 23rd February 1875.

There are itinerant native oculists in the district, and cases of cataract in which reclination has been performed or attempted come under notice in the out-patient room of the dispensary. I have not as yet heard of native lithotomists or inoculators here, but vaccination is performed by a Local Fund Vaccinator who is appointed to this and the two neighbouring taluqs. On this account he is obliged to travel about constantly, and I have had no opportunity of speaking to him on the subject of vaccination, but am given to understand that though the inhabitants apparently believe in the process as a prophylactic against small-pox, they do not evince an active desire to benefit by it. I would suggest that the vaccinator be required to keep the medical officer of this institution informed as to his operations in this town, if not this taluq, and thus facilitate co-operation with him.

HOSPETT.

Extract from Annual Medical Report by Passed Hospital Apprentice J. J. Brodie.

Date of Establishment, by whom originated, and how supported.—This institution, which was at first a self-supporting one, was established on the 21st October 1867 under the régime of one Dorasawmy Iyer, the then Tahsildar of the taluq, who, through his zeal and energy, was able to raise a collection of about Rupees 1,350 for its support, both in the shape of donation and subscription, amongst the inhabitants of Cusbah Hospett and its adjacent villages.

Name of Town, Population, &c.—The population of the town of Hospett itself amounts to 10,000, while that of another village, one mile off Hospett, known or called by the name of Chitwadghee, is one-third of the former; the inhabitants of both are equally dependent upon this dispensary for medical aid, besides those of the several unimportant or insignificant villages around Hospett.

History of the antecedents of the dispensary.—This dispensary continued as a self-supporting one until 1870-71, when the people being burdened with another contribution for establishing schools, which was enforced upon them under the authority of Government, drew back in rendering their support, and consequently Government were obliged to afford certain amount in that year for the up-keep of the dispensary.

In the year 1872 it was transferred to the management of the Local Fund Board of the Bellary Circle, and continued so till up to date.

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What Medical Officers have been in charge.—The medical subordinates that have been in charge of this dispensary from the beginning till now are Second-class Hospital Assistant T. Veerasawmy Naidu, Second-class Hospital Assistant I. Appavoo, Second-class Hospital Assistant S. Auseervathum, and myself.

Dimensions of Hospital.—The building in which the hospital is at present held is measured $72\frac{1}{2} \times 24\frac{1}{2}$ feet, with an open ground of $40 \times 18\frac{1}{2}$ feet in the interior, which (the building) it is presumed was originally intended to serve as a chuttrum for travellers. It is divided into four compartments, one being used as a male ward and the other as a female ward, the third as a surgery and store-room, the fourth being left for the use of Police patients. The building is of course defective in several respects, but as another one, according to the standard design of the Government, is now under construction by the Public Works Department, I refrain from entering into further details.

The state of medicine among Native Practitioners, &c.—The medicines among native practitioners, &c., consist for the greatest part of substances prepared from vegetable and mineral bases, and they to some extent afford relief to patients, but after very prolonged period.

State of Vaccination.—Vaccination is now in an advanced state; the parents and guardians of children have been thoroughly made to understand its virtues. Two vaccinators are at present engaged on duty in the taluq.

Detail narrative of any epidemic disease.—There has been no outbreak of cholera, small-pox, or any other serious disease during the past year.

The principal diseases and class of disease prevalent during the past year with details of treatment.—The principal diseases that were under treatment have been ague, rheumatism, splenitis, dropsy, conjunctivitis, venereal and skin diseases of different forms. Venereal diseases are very common in this town; many of the patients do not appear to resort to the dispensary for treatment, and seem to have their own remedies.

Extract from Inspection Report by Acting Deputy Surgeon-General G. Smith, M.D., dated 26th January 1875.

Conservancy.—The conservancy of the village is not submitted to any definite sanitary process. The town has suffered much from the heavy rains of the last monsoon, and some hundreds of houses have been more or less injured. Many of the smaller streets have no drains. In the large street there are wide flat-bottomed stone side-drains, which in many places are covered over by the intrusion of shop fronts, flights of steps, &c. There are no public latrines and no municipal carts.

Hospital.—The foundations of a new dispensary on the standard plan have been laid in a portion of the compound of the cutcherry, but it is little likely that the building will be completed within the next year. The present dispensary, which was once the Native Cutcherry, and which is situated in one of the main streets of the town, is a miserable mud

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structure in almost total ruin. The late rains have injured it very much, especially its frontage. In addition to the enclosing wall, the walls of the store-room and of the latrine have in part fallen down, and all the rooms leak more or less.

There is no artificial drainage, and one toty effects all the conservancy. As a rule the ventilation of the building is most defective.

Potable water is obtained from a neighbouring well. The Police Hospital consists of a single ward, and has no special subsidiary accommodation connected with it.

There is no dead-room, no lavatory for males or females, no female privy, no special ward for contagious diseases, and no house provided for the medical subordinate. There is no accommodation for Europeans, male or female.

Note generally what recommendations have been made to local authorities.—I entered the following memorandum in the Visitors' Book, 26th January 1875:—

"The most miserable, ill-cared for, and wretched place I have ever seen. The doorway, store-room, and latrine in utter ruins. The buildings leaked seriously during the monsoon. The roof of the store-room is in a dangerous state. There is no drainage, little conservancy, no tidiness anywhere. There is no dead-house, no female privy, no male or female lavatory, no special ward for a contagious case, very little bedding, and a serious deficit of the most necessary medicines. The diets seem not to be according to any known scale, and there is no table to show me their composition. *Reduced diet* seems to be the only one recognized, and that affords meat four times a month, every Sunday. It is a gratification to me to hear that the foundations of a new dispensary are being laid in a better locality, and I strongly advise that the building be pushed on with all vigor. The present institution is simply a disappointment, and is discreditable to all connected with it." I also read this memorandum to the Deputy Collector.

Vaccination.—No vaccination in connection with this dispensary. I have directed the medical subordinate to send for lymph, and to commence vaccination without delay.

KADIRI.

Extract from Annual Medical Report by Passed Hospital Apprentice T. McDonough.

This dispensary, which was opened on the 24th November 1874, is designed solely to afford relief to out-door applicants for it. Its work is conducted in a small close room and adjacent verandah on the western aspect of the late travellers' bungalows situated to the north of the town of Kadiri at a short distance of half a mile. Such as it is, however, it fulfils its purpose well. The number of admissions amounted to 877, inclusive of sick from the Police, Judicial, Revenue Survey, and Public Works Department. The diseases principally treated were ague, chiefly of the quartan and tertian type, rheumatism of a chronic nature, epilepsy of an obstinate kind in grown-up subjects, ulcers, itch, and other cutaneous diseases. The

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number of deaths amounted to four, of which one died of croup, one of secondary syphilis, one of tetanus, and the last of phthisis pulmonalis in an advanced state.

Cattle disease prevailed in the villages about Kadiri in December last, resulting in unusual mortality.

Description of Town.—The town of Kadiri is situated in a depression. It is composed of a few mud huts, the rest consisting of brick and stone buildings and surrounded by paddyfields. It forms the centre of a large circle surrounded by low rocky hills covered with brushwood. The Police lines are situated in such a way, consisting of two rows of low mud huts, with a dirty lane intervening, and the paddyfields surrounding the lines on two sides completely, right up to the huts, which make the floors damp and untenantable, and in fact anything but conducive to the maintenance of health. The town contains a large heathen pagoda and a Mahomedan mosque. The population of the town is equally distributed between the Hindus and Mahomedans. This town is of some importance on account of the annual festival held here in the month of March, when large bodies of people assemble to witness the car processions.

Condition of Public Health.—The condition of health during the last quarter was satisfactory, but small-pox made its appearance at the termination of the quarter. There is one vaccinator for the town of Kadiri and adjacent villages supported by the Local Fund Board (Madanapully Circle).

Sanitary condition.—The sanitary condition of the town is bad on account of the proximity of the paddyfields. The streets and main roads are kept clean. There are no drains to the roads, with the exception of one—the Kamptee road. One public latrine has been provided by the Local Fund Board with no effect of lessening recourse to the neighbouring fields. The water-supply of the town is abundant and good, being derived from tanks in the vicinity. The conservancy establishment kept up by the Local Fund Board consists of ten toties and sweepers with one conservancy cart. The contents of the latrine and the filth of the town are conveyed in the conservancy cart to outside the limits of the town, where the refuse is thrown in large pits.

Financial.—The Civil Dispensary is solely maintained by the Local Fund Board (Madanapully Circle). A pandal has been erected in front of the dispensary to shade the verandah from the glare of the evening sun. A dead-house, contagious disease shed, and a few additions to the dispensary verandah to complete it into a room have been sanctioned by the Local Fund Board, and are in the course of erection.

KAMPTEE.

Extract from Annual Medical Report by Surgeon W. E. Johnson, M.D.

Name of Town.—Kamptee.

Population of Town.—48,831.

Date of Establishment.—Civil Dispensary established 15th July 1850.

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By whom originated.—Originated by order of the Honorable the Court of Directors, dated 13th February, No. 3 of 1850.

How supported.—From the establishment of the dispensary until the 31st March 1864 it was entirely supported by Government. Since that date the Government have supplied the medical aid and the medicines, and since 1st January 1871 have also paid for the maintenance of poor travellers and pilgrims.

The remaining expenses of the establishment are kept up by a municipal grant and local contributions of Europeans and Natives.

What Medical Officers have been in charge.—Medical Officers in charge since the establishment of the dispensary up to the present time have been as follows :—

No.	Rank.	Names.	From	To
1	Surgeon ...	T. D. Harrison... ...	20th July 1850 ...	15th Aug. 1850.
2	Do. ...	Drever	16th Aug. 1850 ...	31st do.
3	Do. ...	T. D. Harrison... ...	1st Sept. 1850 ...	1st March 1852.
4	Do. ...	J. Dorward	2nd March 1852 ...	31st Dec. 1855.
5	Asst. Surgeon ...	J. Wilson	1st Jan. 1856 ...	15th Oct. 1856.
6	Surgeon ...	J. W. Maillardet ...	16th October 1856.	31st Jan. 1857.
7	Do. ...	J. Kennedy	1st Feb. 1857 ...	20th do. 1858.
8	Do. ...	Smith	20th Jan. 1858 ...	26th do. 1858.
9	Do. ...	T. W. Whitelock ...	27th do. ...	6th Nov. 1858.
10	Asst. Surgeon ...	J. Henderson	7th Nov. 1858 ...	31st Jan. 1859.
11	Do. ...	H. Adam	1st Feb. 1859 ...	26th Feb. 1859.
12	Do. ...	A. Carnegie	27th do. ...	30th April 1859.
13	Surgeon ...	T. W. Whitelock ...	1st May 1859 ...	30th Sept. 1859.
14	Asst. Surgeon ...	M. Kane	1st Oct. 1859 ...	31st Dec. 1859.
15	Do. ...	J. Henderson	1st Jan. 1860 ...	6th Jan. 1860.
16	Do. ...	E. Dixon	7th do. ...	6th Feb. 1860.
17	Surgeon-Major...	W. W. Rawes	7th Feb. 1860 ...	31st Dec. 1862.
18	Asst. Surgeon ...	W. C. Elliot	1st Jan. 1863 ...	24th Jan. 1863.
19	Do. ...	R. Arnold	25th do. ...	12th Feb. 1863.
20	Surgeon ...	J. H. Blackwell ...	13th Feb. 1863 ...	29th do. 1864.
21	Asst. Surgeon ...	J. S. Morton	1st. March 1864...	31st Jan. 1865.
22	Surgeon ...	J. R. Theobalds ...	1st Feb. 1865 ...	24th March1865.
23	Surgeon-Major.	W. Williamson	25th March 1865...	8th Jan. 1867.
24	Surgeon ...	J. R. Theobalds ...	9th Jan. 1867 ...	4th March 1867.
25	Do. ..	J. T. Williams	5th March 1867 ...	24th Jan. 1868.
26	Asst. Surgeon ...	A. McDiarmid	25th Jan. 1868 ...	18th Feb. 1868.
27	Surgeon-Major.	W. Williamson... ...	19th Feb. 1868 ...	23rd do. 1868.
28	Asst. Surgeon ...	E. Nicholson	24th do. ...	22nd March 1868.
29	Do. ...	R. Aldun	23rd March 1868...	27th April 1868.
30	Do. ..	J. H. Ritchie	28th April... ...	18th June 1869.
31	Do. ...	A. McClorg	19th June 1869 ...	12th Feb. 1870.
32	Do. ...	W. Price	13th Feb. 1870 ...	28th May 1870.
33	Do. ...	C. M. Cullinan... ...	29th May 1870 ...	15th Oct. 1870.
34	Surgeon ...	J. E. Dickinson ...	16th Oct. 1870 ...	17th do.
35	Asst. Surgeon ...	W. J. Hastings ...	18th do. ...	22nd March 1871.
36	Surgeon ...	C. Robertson	23rd March 1871 ...	11th Jan. 1872.
37	Surgeon-Major...	J. T. Williams	12th Jan. 1872 ...	17th do.
38	Do. ...	J. Brett...	18th do. ...	3rd March 1872.
39	Asst. Surgeon ...	H. C. Mayer	4th March 1872...	2ndApril 1872.
40	Do. ...	C. Sibthorpe	3rd April 1872 ...	31st Oct. 1872.
41	Surgeon-Major.	J. T. Williams	1st Nov. 1872 ...	5th Nov. 1872.
42	Surgeon ...	B. T. Suffrein	6th do. ...	30th Sept. 1873.
43	Do. ...	W. E. Johnson, M.D. ...	1st Oct. 1873 ...	2nd Nov. 1874.
44	Do. ...	H. Allison	3rd Nov. 1874 ...	13th Dec. 1874.
45	Do. ...	W. E. Johnson, M.D. ...	14th Dec. 1874 ...	31st March 1875.

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In each year since its opening the total admissions, average daily sick, and total deaths are given in the following form :—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
20th July 1850	64	158	8	90	10	...
1851	182	1,436	10½	26	17	3
1852	336	1,905	16	46	33	4
1853	441	2,039	19¾	45¼	37	63
1854	579	1,878	22¼	37½	28	3
1855	400	1,802	23	38	31	...
1856	422	1,849	21½	33¾	28	27
1857	351	1,130	19¼	50¼	43	2
1858	248	1,226	21¼	50¼	29	3
1859	300	1,804	20	35	30	...
1860	301	2,258	26½	39	47	11
1861	166	1,963	14¼	26¾	34	1
1862	268	1,809	*	*	51	8
1863	345	2,282	16	31	62	11
1864	306	4,539	18	53	56	7
1865	225	5,460	13	59	62	15
1866	277	6,500	14	67	58	22
1867	228	6,721	12	73	46	4
1868	309	5,976	12	63	81	4
1869	332	5,678	12¼	58½	138	16
1870	183	6,027	10½	57½	50	2
1871	116	9,182	8½	126¼	22	3
1872	267	10,069	15½	157¾	74	10
1873	211	9,834	16½	148¼	46	8
1874	60	2,276	14½	137	13	1
1874-75 (January to March)...	276	12,406	13½	201¼	49	4

There is no Police Hospital or Lying-in Hospital. All Police cases are treated in the Cantonment Hospital, and occasionally a case of difficult "labour" is treated in the dispensary.

State of Medicine among Native Practitioners.—There are about fourteen native practitioners in Kamptee: five hakeems who generally use native vegetable medicines, three vydians who make use of native vegetable medicines and some metallic preparations, as bichloride of mercury, sulphate and acetate of copper, arsenic, lead, &c., and six pundits who use silver, gold and pearl in addition to those used by the vydians.

The European medicines available in the bazaar are sulphate of quinine, chlorodyne, and various patent medicines, as worm tablets, cough lozenges, Holloway's pills and ointment, essence of peppermint and cinnamon, and the pain-killer.

Native practitioners use only sulphate of quinine, but the people generally use all the above mentioned medicines to a limited extent.

The state of vaccination is pretty satisfactory. The Momeens or weaver caste and Marwarrees are greatly against vaccination, the former because they cannot or will not believe in the benefit to be derived from it, and the latter because they are afraid of offending the goddess "Dabie."

* Incomplete.

Observations on the climate and season of the past year, and the condition of public health, &c.—During the year under report the health of Kamptee was very satisfactory, no epidemic disease of any kind having visited it.

As far as I am aware cholera has not appeared here since the rainy season of 1872, when a few cases occurred in the bazaar and one fatal case in the Right Wing, 32nd Regiment N. I.

This satisfactory state is doubtless due to the cleanliness of the town and station.

The principal diseases during the year were ague, rheumatic affections, catarrhal ophthalmia and conjunctivitis, diseases of the ear, bronchitis, diarrhœa, &c.

Only one case of small-pox amongst the native community in the town occurred during the year.

The patients treated at this hospital are for the most part poor starved pilgrims, or the poorer inhabitants of the town, who come into hospital in a miserably emaciated state and suffering from ague, large unhealthy ulcers, diarrhœa and fever, the results of starvation, so that cases of general interest are very rare.

Economic statistics and management of the Hospital and Financial Statement.—The number of in-patients treated during the year under report was 276 and deaths 49 as compared with 214 in-patients and 49 deaths during the previous official year, showing an increase of 62 in-patients and a decrease of 5·14 percentage of deaths.

Of the total number of deaths, 22 were cases brought to the hospital by the Police in a most miserable state of prostration from starvation and exhaustion, and 6 deaths occurred amongst the pilgrims or travellers.

Out of the 22 deaths amongst the Police cases, 18 occurred within the first week; thus, 3 occurred immediately after admission, 2 within 24 hours, 5 on second day, 1 on third, 2 on fourth, 2 on fifth, 2 on sixth, and 1 on seventh day.

The number of out-patients was 12,406 and deaths 4, as compared with 9,960 out-patients and 6 deaths of the corresponding previous year.

Extract from Inspection Report by Deputy Surgeon-General E. S. Tribe, dated 5th October 1874.

Hospital.—The Civil Dispensary at Kamptee being an old jail, is not well adapted for the purpose for which it is now used, but is clean, well drained, well ventilated, and accommodates about sixteen patients. The building itself is, however, supplemented by hut hospitals of chuppers with bamboo walls; at present there are two, which can each hold comfortably two patients. The courtyard now looks quite pleasant, and is a great contrast to what it was formerly when it was flagged; it is now a small garden. A house with a well has been lately purchased in the neighbourhood of the Civil Dispensary, so that the Hospital Assistant is always near at hand, and there is an ample supply of good water for the hospital.

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Principal diseases.—There are at present in the dispensary seventeen patients: four debility, three primary syphilis, two ague, and one each of rheumatism, secondary syphilis, hemiplegia, ulcer, dementia, labour, fracture of femur, and wound. As in former years this institution was not inspected until January. No comparison can be made between the two years, but there have been 213 admissions in the first nine months of 1874 to 92 for the whole of 1873. The deaths in the same period has been 36 to 46 in 1873. The number of out-patients has increased to 9,323 for the nine months, showing that the institution is increasing in popularity.

KASSERGODE.

Extract from Annual Medical Report by Passed Hospital Apprentice J. Doyle.

The town of Kassergode has a population of 5,866 souls, and is the largest in this taluq. Sanitation is rather defective, and the monsoon and the porosity of the soil are the only agents of conservancy. Malarious fevers are in consequence very rife, especially during the monsoon. Water-supply is derived chiefly from wells, of good quality, but insufficient. The rain-fall during the year has been rather in excess of the previous year. Climate moderate. Country undulating. Soil laterite with a substratum of sand and clay very porous. Provisions priced moderate. Drainage natural and efficient.

No epidemics have occurred during the year, save a few cases of small-pox. The state of vaccination in the taluq is rather unsatisfactory, the people in some instances strongly objecting to submit to the operation. As fish (generally bad) forms their principal food, their skins are in such an irritable state that the eruption in a simple case of vaccination often turns out confluent, and more often still is attended with severe fever.

The total number of admissions during the year has been 1,837, against 464 from the 13th October 1873 to the 31st March 1874. The prevalent diseases were ague, rheumatism, syphilis, and cutaneous affections generally. One death is recorded during this period from an incised wound of the chest.

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
From 13th October 1873 to 31st March 1874.	2	462	·08	9·87	...	..
1874-75	22	1,815	1·06	8·58	1	...

The dispensary consists of a main building, and two out-houses have been just completed. The main building consists of a verandah 51 × 8 feet,

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a male ward 20 × 16 feet, a female ward 15 × 16 feet, and a surgery 10 × 16 feet. There is no Police or Lying-in Hospital in this taluq. The European medicines procurable in the bazaar are few, and are not largely used by the people or the native practitioners. The latter class are very few in the town of Kassergode, save a few who are conversant with Sanskrit, and practise according to the plans prescribed by the Sanskrit authors. Opium, borax, alum, the sulphates of copper and iron, sal ammoniac, litharge, catechu, cubeb, camphor, and a few aromatics are all the medicines available.

There are no lithotomists in the district, though there are a few oculists scattered throughout the villages.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 22nd September 1874.

Hospital.—Inspected on the present occasion with sufficient minuteness. A very satisfactory report is to be made of the manner in which the duties of the hospital are conducted.

Principal diseases.—The dispensary has only been in existence one year, and therefore no comparative table is possible. The principal diseases during the year have been ague, rheumatism, and syphilitic and skin affections. Number of sick in hospital this day two. Number of out-door applicants present twenty-six.

Visitors' Book—General tenor of Remarks.—Satisfactory.

KIMEDY.

Extract from Annual Medical Report by Assistant Apothecary E. Ailsworth.

Name of Town, Population of Town and of District.—Kimedy is the name of the town; its population is, according to the late census, 12,158 and that of the district 230,564.

Date of Establishment.—In the year 1844 the civil population of this town was first permitted, by an order of the Collector and Agent of Ganjam, to receive medical aid as out-patients in a Station Hospital which then existed for the sick of a detachment of a Native Regiment.

Subsequent to the withdrawal of the military garrison a building which now forms the Native Magistrate's Office was allotted for the treatment of civil patients.

In the year 1863 the Sibundy Corps was disbanded, and its hospital was made over to the medical officer for a Civil Dispensary, a separate hospital

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having been erected for the Police Force, which has taken the place of the Sibundy Corps.

The usual returns and reports of the dispensary do not appear to have been submitted to the Head of the Medical Department previous to the year 1867.

By whom originated.—By the Collector and Government Agent of Ganjam.

How supported.—The dispensary was entirely supported by the Zemindar of the estate up to the year 1872. Since it has become an institution of the Local Fund Board, by whom its expenses are now borne.

What Medical Officers have been in charge.—There are no records to show what medical officers were connected with the institution prior to the year 1859. Since the following officers have been in charge, *viz.*, Assistant Apothecaries Powell, Brown, Falloon, and Ailsworth.

In each year since opening, or as far back as possible, give the following data:—

Years.	Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1867 ...	36	2,444	...	...	1	3
1868-69 ...	50	3,316	8	69	10	4
1869-70 ...	80	3,919	9	67	7	3
1870-71 ...	65	3,038	7	43	6	8
1871-72 ...	116	5,233	7	45	2	2
1872-73 ...	157	7,993	10	67	13	27
1873-74 ...	194	8,427	9	49	4	7
1874-75 ...	212	11,917	11	76	11	16

Dimensions of Hospital.—The dispensary has two wards, one for male, the other for female patients; the former measures 35 × 18 × 14½ feet, and has four doors of 7 × 4 feet, placed opposite to each other. The latter measures 23 × 18 × 14½ feet, having two doors of the same dimensions as those of the male ward. It has also a window of 4 × 3½ feet placed on its western side.

Ventilation of the wards is carried on by doors, windows, eaves, and a ridge placed on the top of the roof.

If there be any Police Hospital or Lying-in Hospital, their history and good doing.—There is a Police Hospital at this station built in the year 1863. Previous to this period there was a Sibundy Corps, whose sick were treated in the building which now forms the dispensary. About five to ten patients are daily treated in the Police Hospital.

State of Medicine among the Native Practitioners, Hakeems, Tabib, Pundits, Vytheans or others.—There are many native practitioners in this town and the surrounding villages, a few of whom enjoy good reputation as skilful physicians among the inhabitants. Although the Hindu works on medicine abound with erroneous and absurd theories as to the nature and causes of most of the diseases, it cannot be said that the various

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therapeutic agents recommended therein are devoid of any virtue. The native practitioners possess both simple and compound medicines, known from a remote period as being efficacious in the treatment of various diseases, and with which they often succeed in curing most of the ordinary disorders; but the number of recoveries effected by their medicine is not in any way as numerous as that which usually results from the practice of European system of medicine.

The native practitioners having not an extensive knowledge of therapeutics, they often run short of resources. When any case proves intractable, for instance, they know that a certain medicine is likely to cure fever, but should it fail, they are unable to employ any other medicine having an equal or superior efficacy, so they give up the case as beyond their power to do any good.

I do not think that the native doctors of this district are acquainted with any valuable antiperiodic for controlling malarious fevers. They generally place their fever patients on a very low diet, and administer either some stimulating or inert decoctions or pills containing mercury; the fever which was at the commencement of an intermittent type frequently assumes either a remittent or continued character, and finally proves fatal.

Many of the inhabitants, both of this town and the surrounding villages, are now aware that the native practitioners cannot cure paroxysmal fevers, and if attacked by the disease they generally apply for medicine at the dispensary, and the consequence is that the demand for antiperiodic medicines is increasing every year.

Mercury is the only patent remedy possessed by the native practitioners in the treatment both of syphilis and gonorrhœa and their various sequelæ. It is very often administered to the extent of causing violent and dangerous ptyalism; the patient sometimes derives benefit from this mode of treatment, but more frequently the disease is aggravated with permanent impairment of health.

What European Medicines are available in the bazaar, and to what extent the Native Practitioners or the people use them.—Calomel is the only European medicine sold in the bazaar, and is sometimes used by natives in the treatment of colds, dyspepsia, diarrhœa, &c., occurring in children.

State of Vaccination, and view of the people as to its virtues. Are there Inoculators present.—Vaccination in this estate may be considered as very satisfactory. It is carried on by five Ooriya Brahmins, whose forefathers had earned their livelihood by practising inoculation.

Principal diseases and classes of disease prevalent during the year.—The total number of patients treated at the dispensary during the past official year has amounted to 12,215, consisting of 228 in and 11,987 out patients. As contrasted with the previous year, there has been an increase of 3,630 patients; thus testifying that the institution is day by day more appreciated by the inhabitants both of this town and the surrounding villages. Malarious fevers, ophthalmia, bronchitis, rheumatism, disorders

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of the digestive system, and skin affections have been the most prevalent diseases during the past year.

Extract from Inspection Report by Deputy Surgeon-General W. J. VANSOMEREN, M.D., dated 7th December 1874.

Hospital.—Cleanly and creditable, drainage natural and good. It has two wards, one male, 35 feet by 18 feet, with four doors 7 feet by 4 feet; the other, female, 23 feet by 18 feet, with two doors of the same dimensions, and one window 4 by 3½ feet. Both wards are 16 feet high at ridge, where there is good ventilation in each. Ten males and six female patients can be accommodated, but sometimes these numbers are exceeded. At present there are eight male and three female patients. Water-supply sufficient and good from neighbouring well. Conservancy good in adjacent ground. A latrine, and only one exists, where dry earth and coal-tar are used.

The building is tiled, and has a basement 3 feet high. It lies in an unenclosed space on a declivity shelving southwards, in the same direction as it faces, and 45 feet east of the Police Hospital, which is almost in the same line. There is a well-ventilated dead-house attached, and also a thatched shed for contagious diseases, now occupied by the Hospital Assistant of the institution.

A cook-room lies to the east, where a Brahmin cook prepares food, according to the regulated diet scale as respects quantity, but a modified scale as respects quality, for the sick. This modification is adapted to the tastes and habits of the people of this district.

Principal diseases.—Malarial fevers, ophthalmic affections, rheumatism, diseases of the digestive organs, and cutaneous maladies seem most prevalent. There have been fifteen deaths this year up to date, of which three under general dropsy and two under diarrhœa are the largest under any one head.

KODICANAL.

Extract from Annual Medical Report by Second-class Hospital Assistant P. PARTHASARATHY NAIDU.

The population of the villages on the Upper and Lower Palanys, including that of Kodicanal, is about 11,778; of the district of Madura 1,324,825. The hospital was established in the month of September 1873 by the Local Fund Board, and has been supported from the Local Fund of the Dindigul Circle. Second-class Hospital Assistant P. Parthasarathy Naidu, No. 616, has been in charge since the opening of the dispensary, and for three months in the year under report one Third-class Hospital Assistant S. Anthony doing the duty since the permanent incumbent was temporarily in charge of the dispensary at Pulney.

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—		Total Admissions.		Average Daily Sick.		Total Deaths.	
		In.	Out.	In.	Out.	In.	Out.
For three months in 1873	Natives ...	...	75	...	2·41	...	...
	Europeans ...	...	2	...	·23	...	...
1874-75	Natives ...	...	777	...	4·78	...	2
	Europeans ...	...	45	...	·36	...	...

For the hospital there is no separate building, but a small room (10 by 9 feet) in a Mission bungalow, which is occupied on a monthly rent of Rs. 3. There is neither Police nor Lying-in Hospital here. There are no native practitioners nor native medicines available for sale. Most of the people here have appreciated the value of English medicines, and have much confidence in them; and a similar opinion also exists amongst the hilly subjects.

There are no bazaars nor shops of any description; their absence is much felt both by Europeans and Natives, particularly by the latter. Most of the persons on the hills get their medicines from the hospital when required, and rarely send for them from Madras or any other nearest dispensaries if any medicines found short.

Vaccination has been regularly kept up by the Hospital Assistant in charge of the dispensary amongst the hilly subjects. He visits periodically a few of the villages every month, and remains out for six days or more if necessary for the above purpose. Although the villages had been frequently visited by vaccinators, yet the hilly tribes, as well as those belonging to the plains, show invariably a natural reluctance to admit their children being vaccinated, and thus it becomes highly necessary to obtain always the assistance of the local authorities previous to the commencement of vaccine operations. During the year 117 subjects have been vaccinated, of whom 47 proved successful and 70 unsuccessful. It will be observed from the above figures that the percentage of successful cases is not so favourable as it ought to be; this defect I attribute partly to the impossibility of carrying out the method of vaccinating from arm to arm, and partly to the bad quality of the lymph that I have been frequently supplied with.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 21st December 1874.

Hospital.—This dispensary was instituted and opened on the 3rd September 1873, and is under the control of the Local Fund Board, Dindigul Circle. Its work is conducted in a room assigned for this purpose in a bungalow belonging to the American Mission. The object of the institution is to afford medical aid to the indigenous population of the Pulney range of mountains, as well as to the European families who reside here, or who seek

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in its temperate climate a refuge from the heat of the low country when at its intensest.

Visitors' Book—General tenor of Remarks.—Favourable.

KUNDAPORE.

Extract from Annual Medical Report by Passed Hospital Apprentice H. A. Henderson.

The Civil Dispensary at Kundapore was established on the 22nd August 1873; it was originated by H. S. Thomas, Esq., the late Collector of the South Canara District. It is supported partly by a Government grant and partly by Local Funds.

The population of Kundapore cusbah (chief village) is estimated at 2,540 and of the other villages 110,823, giving a total of 113,363 as the population of the whole taluq.

Dimensions.—The hospital consists of three rooms with a verandah in front; the building runs from north-east to south-west.

The following table shows the accommodation, means of ventilation, &c.:—

No. of Ward.	—	Length.	Breadth.	Superficial Area.	Height.	Cubic Space.	Means of Ventilation.		Number of Beds.
							Doors.	Windows.	
		FEET.	FEET.	SQ. FEET.	FEET.	C. FEET.			
1	Male Ward ...	20	16	320	15½	4,960	2	4	4
2	Female Ward ...	15	16	240	15½	3,720	2	3	3
3	Office or Surgery...	10	16	160	15½	2,480	1	2	...

The hospital has seven beds, and at the rate of four sick for the male and three for the female ward gives a superficial area of 80 feet and a cubic capacity of 1,240 cubic feet, but as the sick list is seldom so high, the accommodation afforded is much greater. Ventilation effected by means of doors and windows is efficient.

Sanitation.—The sanitary arrangements of this place are bad; there is no public latrine and very few private ones, but the greater mass of the inhabitants resort to the fields and surrounding plains for the purposes of nature.

Drainage of the station from natural configuration of ground is good.

Water-supply is obtained from wells and tanks; is good, but during the hot months is not sufficient. Has not been analysed.

What European Medicines are available in the bazaar.—The following European medicines are available in the local bazaars, *viz.*, senna leaves,

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sulphur, castor oil, camphor, gum, alum, chloride of ammonium, the sulphates of iron and copper, and nitrate of potash; but they are not much used by native practitioners, who are chiefly pandits.

Vaccination.—The majority of people in Cusbah Kundapore are vaccinated. Two Government Vaccinators are employed by the Local Fund Board (for work in this taluq), who go about vaccinating from village to village, and vaccinated only 15 cases during the year, result unknown. The Brahmins here are averse to having their infants vaccinated.

In-patients, Natives.—There were 24 cases admitted during the year; of these 3 died. The people are averse to staying in hospital, and only do so as a last resource. The deaths were: one from pneumonia (double) in a female, which took place a few hours after admission; one from chronic dysentery in a fakeer, an old man. This case was found on the roadside and brought into hospital only to die. The other death, also a male, was from chronic diarrhœa of long standing resulting from starvation. The ratio of deaths to admissions is large, being 1 in 8 or 12·5 per cent., but it must be taken into consideration that none but serious cases are admitted into hospital.

Out-patients, Europeans and Eurasians.—There were only 21 admissions during the year. No deaths. The cases were all trivial ones. No remarks necessary.

Natives; of 1,888 cases, ague formed nearly one-seventh of the whole of the admissions; and about two-thirds of the cases from this disease were admitted during the months of April, May, and June. The fever was generally of the quotidian type, and readily yielded to quinine. There were 47 admissions from syphilis, and most of these were cases of an aggravated form from neglect and maltreatment.

There were only two deaths, but I dare say many more have taken place among the out-patients in the distant villages which have not been reported.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 28th September 1874.

Hospital.—That this dispensary fulfils its purpose well, and that its utility is fully appreciated by the inhabitants of the town in whose behalf it has been instituted, is well known.

Principal diseases.—Fevers, rheumatism, skin affections, syphilis, and general debility.

The dispensary having only been in existence for one year, a comparative table cannot be exhibited.

Visitors' Book—General tenor of Remarks.—Favourable.

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KOTAGHERRY.

Extract from Annual Medical Report by Apothecary P. ANDERSON.

Kotagherry, as is well known, is one of the four stations on the Neilgherries resorted to by European invalids ; it is said to be about 6,500 feet above sea level, and consists of a small number of residents. There are at present twelve European built houses situated far apart from each other on hills and valleys containing about 50 European and East Indian inhabitants, and the Native bazaar with a Kotar village in its vicinity having an estimated population of about 500 Natives.

The dispensary at this station appears to have been evidently established about 43 years ago, for from the records available for reference it is found to have been in medical charge of Dr. J. Eaton from January 1832 to 5th September 1834, under whose orders an Assistant Apothecary was placed. Nothing can be learned as to its founder or its origin, but it is evident from the great number of both military and civil sick officers that were sent here for a change in the early days of Kotagherry and before the establishment of the Wellington Sanitarium, when I am informed that quarters for sick officers were kept up at the Government expense at a place called Dimetee, about two miles from the station, that the necessity for a dispensing institution no doubt was much felt, and this might have probably been one of the chief causes for its origin. It has been within a short time I am told entirely supported by Government coupled with the income derivable year after year by private subscriptions, donations, and by the sale of medicines, and it is gratifying to observe that in a small station like this the amount realized from the above sources have been found not only sufficient to meet its contingencies, but it has found a capital to its credit amounting to Rupees 1,152-10-8 invested in the Government Bank. It is now a Local Fund institution. On the removal of the medical officer and Assistant Apothecary in September 1834 it became a post for a Warrant Medical Officer of the Apothecary grade under the supervision and charge of the medical officer at Coonoor, by whom it is visited periodically and whenever his advice and services are required. The names of the medical officers at Coonoor which appear in the records since 1863 are as follows, but the dates of their assuming and relinquishing charge are not defined :—

Dr. W. A. Leslie.	Dr. F. Davis.
Dr. Colvin Smith.	Dr. W. Fry.
Dr. C. Ogg.	Dr. Adams.
Dr. J. Wilson.	Dr. G. E. Whitton.

The following are the Medical Warrant Officers, &c., who were stationed at Kotagherry since September 1834 :—

Apothecary G. Haldwell now Pensioned Honorary Surgeon.	From September 1834 to August 1848.
Apothecary G. Smith ...	... From August to November 1848.
Do. E. A. Smith ...	... From November 1848 to November 1849.

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Apothecary J. Rozario ... ... D. d. temporarily during Apothecary E. A. Smith's absence from November 1849 to May 1850.

Do. E. A. Smith ... ... From May 1850 to February 1856.

2nd Dressers Veerahgoo, No. 159, and Kistnamah Raugoo, No. 341. From February 1856 to May 1856.

Apothecary W. Dickens ... ... From May 1856 to August 1857.

Do. J. Charlesworth... ... Temporarily from August to October 1857.

Do. W. Dickens ... ... From October 1857 to May 1859.

2nd Apothecary J. Martin ... ... From May 1859 to February 1860.

Do. R. J. Thomson ... From February 1860 to February 1863.

Do. H. H. Lynsdale, now Senior. From February 1863 to April 1866.

Apothecary R. J. Thomson.... ... From April 1866 to March 1867.

2nd Apothecary L. L. Dyce, now Senior. From March 1867 to November 1869.

2nd Apothecary R. A. Leonard ... From November 1869 to March 1875.

The dispensary is a small thatched building measuring 15 × 11 feet, which is used as a surgery, and a small room attached for the treatment of special cases, the superficial area of which is 720 feet and cubic space 1,050, with one door 4 × 2½ feet, and one window 3 × 2 feet, both of which were intended to be glazed, but are deficient of glass. The whole building needs doing up. It would be preferable if the funds now to its credit could be made available for building a new dispensary such an one as was once proposed to be built, a sketch of which with a detailed statement of accommodation was submitted by Apothecary L. L. Dyce on the 16th September 1869, of which nothing has since been heard.

From the following table it will be observed that the greatest number of admissions was in 1868 and 1869, and the greatest number of daily sick was seen in 1867, 1868, and 1869. This information can only be obtained from 1863, from which period returns seem to have been sent in :—

Years.	Total of Admissions.		Average Daily No. of Sick.		Total Deaths.		Remarks.
1863	654		Not given.		5		The Budgas as a rule form the greatest number of admissions, next in order the Pariahs, then the Hindus. The Budgas come in from some distances for medical aid, but their Brahmins will not take any medicine, but will seek for advice only.
1864	936		Do.		6		
1865	1,831		Do.		7		
1866	505		Do.		3		
1867	1,637		28·009		8		
1868	1,983		37·31		8		
	E.	N.	E.	N.	E.	N.	
1869	312	2,392	6·77	37·60	1	7	
1870	92	1,035	2·85	23·03	...	6	
1871	115	1,135	4·53	23·96	...	5	
1872	86	1,139	2·32	24·21	1	4	
1873	92	990	2·17	24·41	1	...	
1874	97	1,030	2·09	17·19	1	5	

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Particular Observations.

Observation on the climate and the season of the past year, and the condition of public health in the station and surrounding district.—" There has been no particular change in the climate and seasons during the period under review. The rainfall has been as usual, and the public health has been good. There has been no unusual prevalence of disease. The easterly winds prevailed rather sharply in February and March."

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 2nd April 1875.

Hospital.—The work of this dispensary—one exclusively confined to the treatment of " out-door sick,"—is still conducted in the hovel described in former Inspection Reports, notably in that submitted on the 12th March 1872. With the means at his disposal, Mr. Apothecary R. A. Leonard, only very recently relieved of his charge by Mr. Apothecary P. Anderson, has done his utmost to bring within the reach of all the inhabitants of the station and its vicinity, European and Native, that aid in sickness which his professional knowledge and abilities so well fit him to afford.

KURNOOL.

Extract from Annual Medical Report by Surgeon-Major J. F. Fitzpatrick, M.D.

Name of Town, Population of Town and of District.—Kurnool. Population of the town 25,000, of the district 913,563.

Date of Establishment.—The institution was established on the 1st of July 1845.

By whom originated.— Originated by Dr. J. C. Campbell and Commissioner Mr. Scott.

How supported.—At present entirely supported by the Municipality.

What Medical Officers have been in charge.—The following is a list of medical officers attached to the Civil Dispensary, Kurnool, from the establishment of the institution :—

No.	Names of Officers.	From what date.	To what date.
1	J. C. Campbell, Asst. Surgeon...	June 1845... ...	August 1845.
2	J. Makintosh, do. ...	September 1845 ...	October 1845.
3	Keith Jopp, do. ...	November 1845 ...	April 1846.
4	J. C. Campbell, do. ...	May 1846 ...	October 1846.
5	W. H. Scales, do. ...	November 1846 ...	Only one month.
6	John Drever, do. ...	December 1846 ...	August 1847.
7	J. C. Campbell, do. ...	September 1847 ...	October 1847.
8	John Drever, do. ...	November 1847 ...	January 1849.

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No.	Names of Officers.	From what date.	To what date.
9	J. Pringle, M.D., Asst. Surgeon...	February 1849 ...	January 1850.
10	A. J. Scott, M.D., do. ...	February 1850 ...	April 1850.
11	H. J. Penny, do. ...	May 1850 ...	June 1852.
12	M. Simpson, do. ...	July 1852 ...	August 1852.
13	C. J. Rogers, do. ...	August 1852 ...	7th May 1853.
14	M. Simpson, do. ...	8th May 1853	19th September 1853.
15	C. J. Rogers, do. ...	20th September 1853 ...	November 1854.
16	W. Forrester, do. ...	December 1854 ...	20th February 1856.
17	C. Drew, do. ...	21st February 1856 ...	24th February 1856.
18	C. J. Rogers, do. ...	25th February 1856 ...	14th September 1856.
19	G. W. Ogg, do. ...	15th September 1856 ...	15th October 1856.
20	C. J. Rogers, do. ...	16th October 1856 ...	12th April 1857.
21	C. Smith, M.D., do. ...	13th April 1857 ...	22nd September 1857.
22	J. Miller, M.D., do. ...	23rd September 1857 ...	30th June 1858.
23	C. Lee, do. ...	1st July 1858 ...	17th April 1859.
24	St. George Williams, do. ...	18th April 1859 ...	1st May 1859.
25	J. Fitzpatrick, M.D., do. ...	7th May 1859 ...	8th June 1859.
26	J. Rattan, do. ...	9th June 1859 ...	28th June 1860.
27	W. F. DeFabeck, do. ...	29th June 1860 ...	26th May 1862.
28	W. A. Smith do. ...	27th May 1862 ...	20th July 1862.
29	J. Kees, do. ...	21st July 1862 ...	18th March 1866.
30	T. Crowdace, do. ...	19th March 1866 ...	15th June 1866.
31	W. S. Ranson, do. ...	16th June 1866 ...	2nd July 1866.
32	J. G. Gibbs, Surgeon	5th July 1866 ...	9th July 1866.
33	T. Lowe, Brevet Surgeon ...	10th July 1866 ...	31st July 1866.
34	T. Crowdace, Assistant Surgeon.	1st August 1866 ...	31st August 1866.
35	M. Netcher, 2nd Apothecary ...	1st September 1866 ...	19th November 1866.
36	D. J. McCarthy, Asst. Surgeon.	20th November 1866 ...	25th June 1867.
37	C. A. Andrews, do. ...	26th June 1867 ...	26th March 1869.
38	G. Williamson, do. ...	27th March 1869 ...	22nd April 1869.
39	A. L. Hacket, do. ...	23rd April 1869 ...	26th June 1869.
40	C. A. Andrews, do. ...	27th June 1869 ...	28th February 1870.
41	Alfred E. Dalgairns, do. ...	29th February 1870 ...	31st August 1870.
42	G. Williamson, do. ...	1st September 1870 ...	4th November 1870.
43	R. Arnold, do. ...	5th November 1870 ...	14th March 1871.
44	J. F. Fitzpatrick, M.D., do. ...	15th March 1871 ...	24th December 1871.
45	T. C. H. Spencer, do. ...	25th December 1871 ...	26th April 1872.
46	W. Barnes, Senior Apothecary...	27th April 1872 ...	21st June 1872.
47	J. J.H. Everard, 2nd Apothecary	22nd June 1872 ...	19th July 1872.
48	P. Anderson, 1st Apothecary ...	20th July 1872 ...	27th February 1874.
49	John Wilson, Surgeon-Major ...	28th February 1874 ...	17th August 1874.
50	J. F. Fitzpatrick, M.D., Surgeon	18th August 1874 ...	To present date.

Statement showing the Number of Admissions, Average Daily Sick, and Total Deaths in each year of the past 30 *years in the Civil Dispensary, Kurnool, from* 1845 *to* 1874, *of both In and Out patients.*

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1845 (from July)	31	314	3½	31	8	13
1846	67	925	4	36	7	2
1847	55	1,819	4½	35⅓	4	4
1848	64	2,566	4	36¾	4	1
1849	75	2,656	4½	44¾	5	26
1850	108	3,681	7⅜	46⅞	1	6
1851	129	4,141	11⅛	40¾	4	8
1852	169	5,914	12¼	54$\frac{1}{16}$	15	...

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Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1853	231	6,936	16¼	60½	5	4
1854	400	8,121	...	69½	22	4
1855	243	9,358	12½	63	25	2
1856	155	12,583	9½	94½	10	1
1857	113	11,849	6½	85½	7	...
1858	118	8,199	6¼	57	11	3
1859	108	7,299	6½	66½	11	12
1860	111	8,930	8¾	73¾	11	3
1861	86	7,317	4	62	13	7
1862	133	6,574	7	69	18	17
1863	181	11,166	11¼	107¾	17	7
1864	156	10,869	10½	96½	24	6
1865	186	10,619	12¾	93	21	5
1866	102	11,520	6	100½	18	22
1867	119	10,166	7½	91¼	15	6
1868	146	9,012	10	74	11	26
1869	171	8,153	9	68¼	21	29
1870	155	8,702	8½	68	19	1
1871	84	7,534	5·93	58·53	16	...
1872	132	8,084	6·03	66·29	27	1
1873	186	8,318	8·47	67·07	34	5
1874	205	9,313	10·08	80·59	34	3
1875 (from 1st January to 31st March).	60	2,773	10·58	98·62	5	...

The following return shows the capacity of the several apartments attached to the Civil Dispensary, Kurnool:—

How occupied	Dimensions.			Superficial Area of each room.	Cubic Contents of each room.	No. of Patients for whom accommodation can be provided at 99 square feet superficial.
	Length.	Breadth.	Height.			
Front verandah	29′ 9″	11′ 10″	9′ 10″	352	3,461	...
Do.	29′ 9″	11′ 10″	9′ 10″	352	3,461	...
Surgery	11′ 10″	9′ 10″	10′ 6″	116	1,221	...
Special case room	11′ 10″	9′ 10″	10′ 6″	116	1,221	...
Male ward	29′ 9″	17′ 0″	18′ 0″	505	9,103	5
Female ward	29′ 9″	17′ 0″	18′ 0″	505	9,103	5
Side verandah	17′ 0″	11′ 10″	9′ 10″	201	1,978	...
Do.	17′ 0″	11′ 10″	9′ 10″	201	1,978	...
Bath-room	11′ 10″	11′ 6″	10′ 6″	136	1,428	...
Do.	11′ 10″	11′ 6″	10′ 6″	136	1,428	...
Back verandah divided into three rooms—						
1 Ward	16′ 0″	11′ 6″	10′ 10″	184	1,993	2
1 Store-room	15′ 10″	11′ 6″	10′ 10″	182	1,972	...
1 Operating-room ...	23′ 8″	11′ 6″	10′ 10″	272	2,948	...
Dead-room	10′ 0″	8′ 0″	10′ 9″	80	860	...
2 Privies, male and female.	9′ 9″	7′ 8″	10′ 9″	74	803	...
Contagious Ward	32′ 5″	20′ 0″	11′ 0″	648	7,131	7
Side room do.	32′ 5″	10′ 10″	11′ 0″	351	3,862	4
Do. do.	32′ 5″	13′ 0″	11′ 0″	421	4,635	4
						27

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There is no separate Lying-in Hospital, which is much to be regretted. The establishment of one at this station presided over by a diploma'd midwife and in charge of the Civil Surgeon is a desideratum which I hope to show the Municipality the urgency of before long. The hospital could afterwards be used as a school for training women to practise in the district; many would quickly avail themselves of the advantages of a local institution of this nature who will not answer a call to study at the Lying-in Hospital, Madras. I consider the necessity of scattering nurses with a fair knowledge of midwifery about the district to be second to none, and the establishment of a local Lying-in Hospital would, I think, ensure this after a short time. At present I portion off a ward at the Civil Dispensary for all difficult cases of parturition, but find from the few patients who seek admission that women have a delicacy in coming to a General Hospital, and do so only as a last hope.

Most of the native practitioners practise medicine in a very primitive manner. The knowledge which descended as a hereditary heirloom is not of a progressive nature. There are two hakeems, sons of Hakeem Hathat Saib, who have some knowledge of the pharmaceutical action, dose and mode of administration of European drugs. I understand that they acquired the knowledge at the Civil Dispensary.

What European medicines are available in the bazaars.—Quinine, salts of potash, sodæ, &c. They are used by the practitioners noted in the last paragraph, but I believe their patients now are limited on account of the working of the Civil Dispensary.

Vaccination.—The Municipality employ a vaccinator in the town, and a Superintendent with staff move about the district. Some look upon the operation with favour, but most with disfavour. Religious prejudices I believe to be the principal cause of their aversion, small-pox being a goddess, &c. There are no inoculators.

Are there any Native Oculists or Lithotomists in the district.—There is one oculist, a Bengali. He merely uses drops, waters, &c.; he does not operate. No lithotomists.

The climate of Kurnool during the past year has been exceptionally good. The hot season was very mild, being tempered at intervals with showers and moderated throughout with clouds, which, generally speaking, are seldom seen during the hot months at this station. The rains (north-west monsoons) commenced early in June and continued with an ordinary fall up to end of July. In August there was a remission from 2nd to 31st, when they again began and continued throughout September with an intensity unprecedented for years. The rivers were swollen and the country inundated to an extent that stopped all traffic for weeks ; yet crops were not materially injured except some early dry grains ; all others have been abundant, and public health (with the exception of malarious fevers which are endemic) has been remarkably good. Rainfall in 1874 47·812.

There has been no epidemic.

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The principal diseases have been fevers, rheumatism, conjunctivitis, inflammation of the meatus externus, diseases of the bowels, abscess and ulcers.

KURNOOL.

Extract from Inspection Report by Acting Deputy Surgeon-General G. Smith, M.D., dated 1st February 1875.

Conservancy.—The conservancy of Kurnool is well attended to. There is considerable irrigation cultivation around the town, and continual streams of good water pass in various directions through the town itself. It is possible, nay probable, that much of the fever prevalent here may be due to these causes, inasmuch as, independent of the circumstances being such as are likely to engender malarial poison, there is great risk that the necessary changes in temperature occurring in winds blowing over wet paddyfields and sheets of water may induce fevers of all kinds from simple febricula to severe continued fever, and may give origin also to acute and chronic rheumatic affections.

Hospital.—Dr. Fitzpatrick is anxious to have the verandah added to the male ward, so as to increase the accommodation from 6 to 10 beds. I approve of this suggestion. There is also great need of an operating-room, the present one being in the eastern verandah—an inconvenient and unsuitable place. The main building is clean and well ventilated by doors, windows, ridge ventilation, and clerestories; the floor is flagged with stone. The *post-mortem* ward has no ventilation. The dead-house is a small building between the dispensary and the contagious ward. It is too small, and is badly ventilated. The *post-mortem* table is used as an operating table. There are two privies (one for male patients, the other for female) on the dry-earth system ; both are clean and work efficiently. Two cook-rooms are in one block on the north, efficient and clean.

MADRAS.

North Black Town.

Extract from Annual Medical Report by Surgeon R. V. Power.

Remained 31st March 1874 ...	35
Admitted ...	9,608
Discharged cured ...	9,579
Do. relieved ...	...
Do. no better ...	...
Do. absent ...	...
Died ...	1
Remaining 31st March 1875 ...	63
Average number of sick for the year ...	78

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General Observations.

Men 4,035, women 3,160, children 2,413.

General diseases, as shown in Sub-Divisions A and B, and local diseases, *viz.*, those of ear, respiratory and digestive systems, and also accidental injuries occasioned the largest number of admissions amongst both Europeans and Natives during the official year under review.

Including those that remained at the commencement of the year, 9,579 cases have been treated, which shows an increase of 666 admissions over the preceding year. Admissions for both general and local diseases have been considerably larger during this year than in 1873-74.

The list of surgical operations shows that aid and relief continue to be rendered to a large number of sick and injured of the district.

Madras Medical Mission Dispensary, Black Town.

Extract from Annual Medical Report by Rev. W. Elder, M.D.

The number of cases treated at this dispensary during the past year has considerably exceeded that of the preceding one. The total number admitted was 12,851 against 9,864 registered in 1873. This increase may be partly explained by the growing appreciation among the Natives of the European treatment of disease, and partly from the circumstance that the dispensary now occupies a building in a much more central locality and within easier access of larger numbers of the sick. In February last we rented a more commodious house, the former one being too small to accommodate the patients, in Acharappen Street, adjoining the large parcherry, and situated about midway between the General Hospital and the Native Infirmary. Larger numbers now of Mahomedans and poor East Indians attend the dispensary. In 1873 the Mahomedans numbered 261, whereas last year they amounted to 430, of whom 122 were females. The number of East Indians in 1873 was 859, while during the past twelve months we admitted 1,525, of whom 725 were females.

Madras Medical Mission Dispensary, Royapooram.

Extract from Annual Medical Report by Rev. W. Elder, M.D.

This dispensary still continues to be resorted to by the Native population in the neighbourhood. We have also observed that many come for treatment from distances of ten, twenty, and even thirty miles. A goodly number of Europeans and East Indians take advantage of the institution.

There is nothing of a very special kind to report on the cases admitted into this dispensary during the past twelve months. As formerly fevers, dyspepsia, abscesses, and skin affections have been among the most frequent complaints. None of these, however, presented any distinct peculiarities, and so were treated in the usual way.

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General Hospital, Madras.

Extract from Annual Medical Report by Surgeon-Major M. C. Furnell, F.R.C.S.

This report includes all classes of patients treated in the Medical Wards of the General Hospital during the year.

During the period specified 880 Europeans and 965 Native cases came under treatment in the Medical Wards, of whom 43 Europeans and 65 Natives succumbed, giving a mortality per mille in the former class of 48·99 and in the latter of 69·22.

Return showing the Principal Causes of Admission, ranged in the order of their frequency, with the Numbers of Admissions and Deaths.

Diseases.	Europeans.		Natives.	
	Treated.	Died.	Treated.	Died.
1. Paroxysmal fevers, including remittent fever.	243	5	59	...
2. Dysentery, acute and chronic	59	2	64	5
3. Bronchial affection	28	...	33	1
4. Febricula and simple continued fever ...	47	1	102	...
5. Alcohol and delirium tremens	67	2	2	...
6. Phthisis pulmonalis	24	7	87	16
7. Diarrhœa	45	1	89	9
8. Dyspepsia	30	...	15	...
9. Scabies	60	...	115	...
10. Rheumatism, acute and chronic	26	...	30	...
11. Diseases of liver, including abscess	23	6	31	8
12. Debility...	7	...	11	...
13. Bright's disease, acute and chronic... ..	11	3	28	7
14. Palpitation	9	...	...	...
15. Diabetes	6	1	9	...
16. Privation	22	2	59	2
17. General dropsy, including beri-beri	...	...	3	...
All other diseases	173	13	278	17
Total ...	880	43	965	65

Enteric Fever.—Four cases of enteric fever occurred in European patients, all of whom recovered.

Diseases of the Heart.—Under this heading there were twelve European and nine Native cases treated. There was one death among the Natives, but none among the Europeans. Some of the best marked cases of palpitation were due to smoking and vermination.

Extract from Annual Surgical Report by Surgeon-Major R. W. Cockerill.

All previous annual reports have embraced the calendar year from January 1st to December 31st. This one, however, relates to the financial year from April 1st, 1874, to March 31st, 1875.

In this period have been treated 541 Europeans and East Indians and 1,028 Natives, being an increase of 81 Europeons and 89 Natives upon the

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calendar year 1873, and as great a number of patients as the Surgical Wards can conveniently contain. Indeed, there has seldom been a bed in the Native Wards vacant for more than three days, and it has often been necessary to discharge Native patients before they were quite cured to make way for urgent cases.

The deaths have been among Europeans 16 or 2·93 per cent., and Natives 41 or 3·98 per cent., which, contrasted with the previous year, is a somewhat higher mortality for Europeans and lower for Natives. Of the Europeans, many are old pensioners to whom the hospital is half a home, affording them comforts that their scanty means cannot afford. Of these three died. As the system of nursing by European Nurses becomes perfected, I think we may expect a steady increase of admissions of severe cases to the European Wards, and consequently an increased mortality.

In my report for the year 1869-70 I noticed that the mat shed on the banks of the river was the healthiest part of the hospital for surgical cases. As it was then so it is now. Whenever the Physician has not required the shed for contagious cases, it has been used for sloughing wounds and ulcers, and generally with beneficial effect. I think that a large shed for surgical patients is a need of the hospital, and a measure that will greatly improve the sanitary condition of the main building.

In consequence of the Nurses' quarters having been built over the operation theatre closing the skylights, it has been necessary to abandon it for want of light. Operations are now performed in the ophthalmic theatre; but the room requires two skylights and a new window, for which application has been made to the Engineer's Department.

General Diseases.

Erysipelas.—Seven admissions produced two deaths.

About 178 cases of syphilitic disease (excluding gonorrhœa) have been admitted, the proportion of secondary to primary being almost 2 to 1, and nearly identical with last year's return. Only two cases terminated fatally. A young European from the West Coast, who was admitted with secondary syphilitic ulcers, and whose constitution was totally undermined. Ascites set in soon after admission followed by œdema. On *post-mortem* examination his liver was contracted and studded with syphilitic deposits, which were likewise found in many of the viscera. The other case was that of a debilitated native, who, although admitted under the heading "tertiary" syphilis, really died of diarrhœa.

Cancer.—Under this head we have 17 admissions. Of these 15 were epithelial, 1 medullary (of the breast), and the remaining 1 occurred in the rectum of a Chinaman, and the nature of the cancer was not ascertained, but was most probably scirrhous.

Tumour, non-malignant.—Eleven admissions. Of these only one occurred among Europeans.

Tetanus.—Only two patients have been admitted suffering from traumatic tetanus. Both cases were Natives, and both recovered.

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Hydrophobia.—Two cases. The first a European Serjeant had been bitten on the finger three months previously by a pup. The wound healed easily, and although the cicatrix was visible, the patient never complained of any pain in it. On admission, as all the usual symptoms were fully developed, and many had been observed over 18 hours, the patient was put under chloroform and the operation of laringotomy performed. The chloral in 40 grain doses was injected into the rectum, to be repeated every four hours. Fluid support (milk, eggs, beef-tea) was also administered by the bowels every two hours. The only effect of the chloral was to make the patient drowsy; the intensity of the spasms was never reduced, and he died of exhaustion 24 hours after admission. The other case was a Native child of 6 years of age who was brought in dying.

Aneurism.—The return shows 5 admissions, 3 Europeans and 2 Natives; but the 2 Native admissions relate to the same man.

Hernia.—There have been 18 admissions of strangulated inguinal hernia requiring operation. Of these 9 died, giving a mortality of 50 per cent.

The following table shows the number of patients operated on during the last five years. This heavy mortality can only be accounted for by the fact that in most of the cases strangulation had existed many hours, sometimes days, previous to admission. It is curious that all these cases were inguinal hernia:—

	No. of Operations.	Recovered.	Died.
1869	4	2	2
1870	6	4	2
1871	3	2	1
1872	6	3	3
1873	10	6	4
1874-75	18	9	9
	47	26	21

Phymosis.—A strong, healthy-looking East Indian, aged 30 years, was admitted on the 31st December 1874, complaining of inability to pass his urine freely, which he had observed for the previous six months. On examination the orifice of the prepuce was found to be so contracted as hardly to admit the smallest probe. The patient was therefore placed under the influence of chloroform with a view to the operation of circumcision being performed. When about 2½ drachms of chloroform had been administered, the pulse and respiration were observed suddenly to fail. Artificial respiration by Sylvester's method was at once adopted and a galvanic current directed from the neck to the abdomen through the heart and lungs. A turpentine enæma was administered, friction applied to the extremities, and hot and cold water dashed upon the chest. These methods were continued for upwards of half an hour, when it became evident that life was quite extinct. A vein on the right arm was then opened, but no blood flowed.

At a *post-mortem* examination made about six hours after death the body was found to be well nourished and muscular. The abdomen and chest were

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opened and all the abdominal and thoracic viscera carefully examined, but no disease was discovered. The lungs were perfectly healthy, but only slightly congested. The heart weighed 9 ounces, was rather pale and flabby, but the valves were perfectly healthy. Kidneys congested; liver, spleen, and all other organs quite normal.

Stricture of Urethra.—Eighty admissions; of these two were fatal. The first, that of a European who was admitted on November 3rd with a tight stricture through which no instrument could be passed. By the aid of warm baths the patient contrived to empty his bladdar, though in a very small stream. On the morning of the 6th he complained of weakness, and seemed very restless and irritable, with a small, frequent and jerking pulse and foul tongue. On the previous day a small hard swelling had been observed behind the scrotum. This was now softer with an indistinct feeling of fluctuation. An incision was made, but only blood let out. A few hours afterwards it became evident that urine was passing into the cellular tissue of perineum, scrotum and penis, when several large deep incisions were made into all the infiltrated parts and the urethra laid freely open. The patient, however, soon became comatose and died at 4 P.M. on the 7th.

Elephantiasis of Scrotum.—Eleven admissions, of which only two were in a fit state, or would submit to operation.

Poisons—Dead Matter.—These two cases were medical subordinates, a European and a Native, who were engaged, on the 28th of February 1874, in making the *post-mortem* examination of a person who died of pyæmia. The European Apothecary sustained a slight abrasion of one of his fingers, and two hours afterwards had a severe rigor, followed immediately by swelling and red lines up the inner surface of the arm. He was admitted into the hospital on March the 31st, when the whole arm was inflamed and swollen and the axillary glands tender; was not then feverish, but stated that he had been more or less so since the day of the injury. He complained of pain in the arm, back and chest. On April the 2nd he was feverish all day with a temperature of 101, and although taking opium constantly, had had no sleep. On the 3rd he was still feverish, but had some sleep during the night. In the afternoon the temperature rose to nearly 103 and the pulse ranged to 136, the abdomen becoming tympanitic. On the 4th he was for a short time delirious; was still feverish and becoming jaundiced. On the 6th he complained of dull, aching pain in several of the larger joints, also in the scrotum which was found inflamed. There was then no marked change until the 9th, when the bowels became relaxed, both arms were swollen, red and painful, and several joints enlarged. From this time the patient gradually sank and died on the morning of the 11th.

The Hospital Assistant was a man of 50 years of age. He did not injure himself, but had a little scabies on his hand. He was attacked with fever on the night after the examination, his left arm becoming hot, swollen and painful, but he did not come to the hospital till the 10th of April. He was then feverish and jaundiced, and had sugar in his urine. The affected arm pitted deeply on pressure. Several free incisions were made, but only blood

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let out. On the 11th the arm was discharging freely, patient delirious and sinking into a typhoid state. He died on the 13th.

It is curious that the toty who also assisted at this examination was attacked with very similar symptoms and rapidly died, the poison in his case also having been absorbed through itch sores.

Fracture.—Amongst the many cases of fracture the following is remarkable. Hajee Yacoob, a Mahomedan, aged 30 years, admitted, having been severely injured by the upsetting of a jutka which he was driving furiously. On examination (the patient being almost in a state of collapse) the following injuries were detected:—A comminuted fracture of the left clavicle, fracture of all the true ribs of the left side, fracture of the right femur at its lower third, contusion of the right forearm, and contused wound on dorsum of left foot. On the day following admission his pulse was 112, respiration was 40, tongue dry and furred, and he had had no sleep. On the 16th he had slept well, had no fever, the bowels were regular, the tongue clean and moist, and the respiration nearly natural. From this time he steadily progressed and left the hospital on the 12th January cured.

Extract from Inspection Report by Deputy Surgeon-General W. J. VANSOMEREN, M.D., dated 22nd and 23rd January 1875.

General Appearance.—This institution is undergoing a thorough and striking change for the better in its general appearance. Its outside is being white and colour washed, the colour being a pleasing neutral tint. Within the walls are being painted blue to the height of 3 feet from the floor, and (with the ceilings) washed above, and then hung with pictures, some of which are paintings. Oblong plots of white lime below the cots relieve the aspect of the sombre and sable asphalted floors. The banisters of the stairs are being polished, and the punkahs cleaned and papered. When all these and some other improvements have been completed, the hospital will have undergone something like a *renaissance.*

Cleanliness.—In respect of cleanliness there has been a marked advance, and I have never seen the General Hospital look as well in all its parts as it now does. All this change for the better is due to the unwearying labours of the senior medical officer, who has given special and successful attention to this and the several other particulars enumerated above. The *æsthetics* of such an institution cannot be in better hands than those of Surgeon-Major Furnell.

Dead-house.—The dead-house is an oblong quadrangular room, abutting on the road to the north, without any water laid on, and cisterns to hold it if it were, and wanting suitable arrangements for *post-mortem* examinations being properly seen by a large body of students. Its situation is very objectionable. It should be at the south-western angle of the premises, and in a hospital of the dimensions and importance of this, with so large a number of medical students in attendance, it should be so constructed and furnished as to fit it for a pathological and clinical lecture-room.

Water-supply.—Water for drinking purposes is supplied in pipes from the seven wells.

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Bath-rooms and baths.—There is a bath-room connected with the wards for contagious diseases, and one with each of the four quarters for officers. Besides them six others, containing 13 masonry cisterns, 13 tubs, 1 shower-bath, and 6 basin-racks, of which last those upstairs are supplied with from 2 to 7 basins in each, while those below, where native patients only are treated, are not furnished with any.

Support.—Entirely supported by Government. The number of officers' quarters is defective, and the comfort of their inmates very seriously compromised by all but the southernmost being entirely cut off from the sea breeze. The consequence is that these rooms, of an afternoon, become stiflingly hot at this season, reducing the chances of recovery and retarding the convalescence of their occupants.

Deficiency.—All the quarters were occupied at my inspection, and if these, at all events of the four corresponding quarters on the regimental side now seldom if ever used, were made over to the General Hospital, not only would more accommodation be available, but by the opening of large doors below and ventilators above between each two contiguous rooms, those to the west would have the sea breeze let into them, and be rendered cooler and healthier in consequence.

Lying-in Hospital, Madras.

Extract from Annual Medical Report by Surgeon-Major W. H. Harris, M.D.

The number of deliveries exhibited in the tabular returns of the Lying-in Hospital for the year ending 31st March 1875 shows a considerable decrease upon the average of the preceding five years. This is attributable to the occurrence of two epidemic outbreaks of puerperal fever, one shortly before the close of the preceding year and the other in November last, which necessitated the admissions being restricted to those applicants only who were actually in labour. The smallest number of deliveries in any month was 47 in February and the largest 141 in October.

Races and Caste.—The following are the races and caste of the women who were delivered. Pariahs have been separated into Native Christians and Pariahs, and consequently the figures show a considerable decrease of the latter. The "Hindus" are all "caste" women, and the number compared with former years will be found steadily increasing. Seven years ago the number of caste women delivered did not exceed 15 per cent., while now it has risen to 24 per cent:—

Race and Caste.

Europeans	6
East Indians	90
Christians (Native)	201
Hindus	260
Mahomedans	26
Pariahs	493
Total ...	1,076

Extract from Annual Medical Report of the Dispensary attached to the Lying-in Hospital by Surgeon-Major W. H. Harris, m.d.

—		Preceding four years. 1870-71.	1871-72.	1872-73.	1873-74.	1874-75.	Increase.	Decrease.	Average Daily Sick for the year 1874-75.
In-patients.	Europeans and East Indians.	137	121	109	131	119	...	12	11·8
	Natives	112	130	97	147	144	...	3	7·64
Out-patients.	Europeans and East Indians.	3,063	3,129	3,232	3,627	2,978	...	649	15·5
	Natives	5,851	6,476	5,380	7,135	6,644	...	491	36·10

The above table exhibits the number of European and East Indian and of Native patients treated as in and out patients during the year compared with the four preceding years. Compared with the number treated in 1873-74, there is a decrease of about 10 per cent. in both classes of in and out patients, which may be accounted for by the vacation of the hospital for some time after the inundation on 25th October; but compared with the average of the four preceding years, there is an increase of from 5 to 10 per cent. in the number of Native patients, but a considerable decrease in European and East Indian out-patients.

Twenty-eight cases are returned as having terminated fatally. These include some of the children born in hospital who died within the first ten days of birth. The average cost of dieting the European and East Indian patients was Annas 8-7 per diem, and an allowance of 2 Annas per diem has been made to Native patients in lieu of diet. Much inconvenience is felt in the present system, as the friends of the Native patients who bring their food come at all hours, and often make a noise and create a disturbance and disorder in the wards. A recommendation has been submitted to Government to place the patients on hospital diet.

Hospital stoppages to the amount of Rupees 1,174-11-0 have been recovered from European and East Indian patients.

Extract from Inspection Report by Deputy Surgeon-General W. J. vanSomeren, m.d., dated 12th February 1875.

Principal diseases.—There have been 1,130 confinements and 79 deaths, of which 49 occurred from puerperal diseases, and of the latter number 33 from puerperal fever, peritonitis, thrombosis, and erysipelas. There was an epidemic of puerperal fever in March last and another in October and November. The latter commenced in the Eye Infirmary after the flood, but the former originated in the Lying-in Hospital, which was then vacated for more than a month. The destruction of some of the old clothing in March last, and the removal of all in use at the last epidemic, disinfection and fumigation of the wards, and thorough repair of the whole building are among the means that were used to allay the visitation and prevent its

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recurrence. Besides the institution of the boiler for all foul clothing and the provision of bed-guards or goodries and napkins for women and children are important additions to the institution for the same object.

How supported and maintained.—Supported entirely by Government. It is deficient in establishment, requiring extra servants, and an Assistant Matron or Head Midwife is wanted to relieve the overworked Matron. A laundry should be provided in the new hospital, and the supply of such articles as pessaries and tents be equal to the requirements of the institution.

Visitors' Book—General tenor of Remarks.—None.

ROYAPETTAH HOSPITAL.

Extract from Annual Medical Report by Surgeon-Major C. A. ANDREWS.

Date of Establishment, by whom originated, how supported, and the Medical Officers that have been in charge.—The hospital was established 1st November 1843, when Dr. Cole, who, I am informed, originated the institution, was first nominated to the medical charge. It was formerly supported by Government, but since the passing of the Local Funds Act in 1871 it has been supported by the Municipality of Madras. The following medical officers have held the appointment together with the charge of the 4th District since its establishment:—

Surgeon R. Cole.	Surgeon-Major H. W. Porteous.
Do. H. Stanbrough.	Do. P. G. FitzGerald, M.D.
Do. H. F. C. Cleghorn.	Do. C. A. Andrews.

The following table shows the admissions, average daily sick, and deaths as far back as any record has been found:—

Year.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1843 to 1852	...	Not ascertainable.				
1853	526	9,027	$25\frac{10}{12}$	$172\frac{8}{21}$	52	15
1854	1,000	12,579	$46\frac{1}{12}$	$168\frac{5}{12}$	92	46
1855	802	11,213	$42\frac{1}{3}$	$220\frac{1}{4}$	80	24
1856	945	12,860	47	232	80	24
1857	612	11,278	28	182	61	17
1858	910	13,234	$27\frac{1}{3}$	182	105	16
1859	1,008	20,846	$45\frac{1}{3}$	340	81	11
1860	757	22,837	$36\frac{1}{2}$	358	82	45
1861	648	19,058	$25\frac{1}{2}$	329	73	17
1862	756	16,012	$28\frac{1}{2}$	295	71	26
1863	530	19,033	$24\frac{3}{4}$	$422\frac{1}{4}$	48	10
1864	479	18,567	19	296	44	19
1865	378	16,412	$21\frac{1}{4}$	121	36	7
1866	503	14,811	$23\frac{3}{4}$	100	91	30
1867	473	14,574	$25\frac{1}{4}$	$77\frac{1}{2}$	46	18
1868	472	14,552	28	103	40	20
1869	426	12,600	$22\frac{1}{4}$	104	55	9
1870	415	12,000	19	$89\frac{1}{2}$	75	14
1871	457	13,811	$20\frac{1}{4}$	$85\frac{1}{2}$	33	17
1872	786	14,509	$30\frac{1}{4}$	101	54	12
1873	681	17,726	$26\frac{1}{4}$	$95\frac{1}{3}$	75	7
1874	857	19,816	$29\frac{1}{2}$	102	85	13

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Dimensions of Hospital.—

—	Length.	Breadth.	Height.
	FEET.	FEET.	FEET.
Upper Storey.			
Front centre room	26	14½	13¾
Long side room	27	12⅓	12¾
Small room back of the above	9½	12⅓	12¾
Lower Storey.			
Front centre room	25⅜	13⅜	13⅛
Back do.	25⅜	21⅜	13⅛
Long side room	25½	11⅜	13⅛
Small room back of the above	10	12	13⅕
Small room off back centre room	11¾	9⅝	13⅛
Do. off front centre room	13¾	11¾	13⅛
Female Wards.			
First ward	27	16	13⅓
Second ward	27	16	13⅓
Infectious Wards.			
First ward	10	10⅛	10¼
Second do.	16½	10¼	10¼
Third do.	16⅓	10	10¼

If there be any Police Hospital or Lying-in Hospital, their history and good doing.—There is no separate Police or Lying-in Hospital; the constables requiring attendance are admitted into the General Ward, and an occasional confinement takes place in the female wards.

State of Medicine among the Native Practitioners, Hakeems, Vydians, &c.—It is difficult to obtain information on this subject on account of the suspicions of the native doctors and their unwillingness to part with any knowledge which they imagine is in their exclusive possession. I am indebted to Honorary Surgeon Moodeen Sheriff for such information as I have been able to obtain, and Third-class Hospital Assistant S. L. Devasigayam, No. 970, has, under my direction, endeavoured to obtain the required information, but with very little success. The state of medicine among the native practitioners, hakeems, and vydians, as far as the principles by which they are guided in their practice are concerned, is very much the same as it has been for centuries past; their principles are founded upon ignorance and superstition, combined with a certain amount of practical experience and observation; and, as they are devoid of scientific knowledge, they appear to have neither the wish nor the power to make any advance. They have, however, adopted some improvements in their practice by using European drugs known to have a specific effect, such as quinine, santonine, &c., and I subjoin a long list of European medicines procurable in the bazaars, though I am unable to say whether they are employed with discretion and a right knowledge of their properties. There

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are about 25 hakeems and 25 vydians practising in the district besides a few quacks who have failed to make a livelihood in any other way and so have taken to physic.

List of European Medicines found in the Bazaars.

Acid carbolicum.
„ citricum.
„ nitricum.
„ sulphuricum.
„ tartaricum.
Aconitum napellus.
Ammoniæ carb.
Argenti nitras.
Æther.
Bismuth sub.
Chlorodyne.
Chloroformum.
Creosote.
Dipterocarpi balsam.
Emplast. hydrarg.
Ferri sulphas.
Gambogia.
Hydr. subchloride.
„ perchloride.
Liniment opii.
„ saponis.
Mag. carbonas.
Mag. citras.
„ sulphas.
Morphiæ hydr.
Oleum amygdalæ.
„ anisi.
„ carui.
„ caryophylli.
„ copaibæ.
„ limonis,
„ menthæ piperitæ.
„ morrhuæ.
„ ricini.
„ terebinth.
Pain-killer.
Potassæ acetas.
„ nitras.
Potassii iodidum.
Pulv. cinchonæ.
„ cretæ ar.
„ cum opio.
„ dover.
Pulv. ipecac.
„ jalapæ.
„ rhei.
„ kino comp.
Quiniæ sulphas.
Santonine.
Sodæ bicarbonas.
„ sulphas.
Spts, ammon, ar.
„ æther nitros.
Tinct. cardamom comp.
„ ferri perchl.
„ gentian. comp.
„ hyoscyami.
„ iodini comp.
„ opii.
„ zingiberis.
Opium.
Vinum ipecac.
Ungt. hydrarg.
„ simplex.

State of Vaccination, and view of the people as to its virtues. Are there Inoculators present.—Vaccination is carried on by the Vaccine Department principally; lately a few operations were performed by the subordinates attached to the hospital, but they have no leisure for systematic work, and no natives voluntarily present themselves at the hospital for vaccination. The people are supposed to be prejudiced against it, especially when small-pox is epidemic, when the Hindus fear to provoke the anger of the goddess Pariammah by taking means to avoid the scourge which they believe it is her pleasure to inflict upon them; but I do not think their prejudice is very strong, for a small sum of money will induce thousands to offer themselves or their children for the operation who would not otherwise come forward. I believe rather that apathy and indifference prevent their seeking the protection which vaccination affords, and as these qualities are bred of ignorance, we may trust that with improved knowledge they may be removed. I have not heard of any inoculators practising in the district.

69 European and East Indian in-patients and 1,178 out-patients and 824 Native in-patients and 19,212 out-patients were fresh admissions, being an increase of 212 in-patients and 2,664 out-patients upon the previous year and considerably in excess of any admission for the last 15 years. Of those under treatment, 96 in-patients and 8 out-patients died.

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The ratio of deaths to treated among the in-patients was 103 78 per mille; the majority of these were brought to the hospital in a moribund condition. The ascertained deaths among the out-patients were very few, but as we do not know what becomes of many who come under treatment, the ratio is not given. There was no prevalence of any special disease nor scarcity of food to account for this large increase in the admissions, so that I think it may be attributable to the greater popularity of the hospital.

Extract from Inspection Report by Deputy Surgeon-General W. J. VANSOMEREN, M.D., dated 13th February 1875.

Principal diseases.—Affections of the stomach and bowels, rheumatic affections, abscesses and ulcers, itch, general debility, dropsy, and wounds and injuries have caused the largest numbers of admissions. There have been 85 deaths among in-patients, and of these 25 occurred under the head of general debility, and the next largest number is only 9 under diarrhœa. The mortality has been swelled by the very large number of aged and starving patients brought into hospital simply to die.

How supported and maintained.—It is supported and maintained by the Municipality, and deficient of two peons, whom it will be to the advantage of the Municipality itself to employ for the safe custody of their property.

Visitors' Book—General tenor of Remarks.—No remarks entered in the last 12 months.

HOSPITAL FOR WOMEN AND CHILDREN.

Extract from Annual Medical Report by Surgeon-Major C. SMITH, M.D.

General Observations.—This hospital was opened on the 17th October 1868 for women and children only. The house in which female patients had been treated at the General Hospital was then shut up, and ultimately removed. One patient was transferred from that hospital to this on the opening day. Surgeon-Major Colvin Smith was then in medical charge.

The following table shows the number treated, the average daily sick, and the number of deaths since 1st April 1869, with medical officers in charge:—

Medical Officer in charge.	Years.	Total treated.		Average Daily Sick.		Total Deaths.	
		In.	Out.	In.	Out.	In.	Out.
Dr. Colvin Smith ...	1869-70	566	5,585	34 ¼	37¾	59	9
	1870-71	796	4,115	37 ¾	25	85	7
Drs. C. Smith and Macrae.	1871-72	711	3,258	32	20·2	61	7
Drs. Macrae and Nanney...	1872-73	972	4,439	37·6	26·5¾	70	7
Drs. Nanney and C. Smith.	1873-74	1,037	6,738	46	39·5	67	9
Dr. Colvin Smith	1874-75	1,002	9,111	55·2	52·1	91	14

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The main building of the hospital consists of an upper and a lower flat, and contains eight wards of the following dimensions for 40 patients :—

Ward.	No. of Patients.	Length.	Breadth.	Height.	Superficial Area.	Cubic Contents.	Cubic Space for each Bed.
			Upper floor.				
S ...	8	36	25	20	900	18,000	2,250
W ...	4	17·9	18	15	318·6	4,777	1,194
Q ...	4	17·9	18	15	318·6	4,777	1,194
X ...	4	19	15	15	285	4,275	1,069
U ...	3	14·6	18	15	262·8	3,885	1,295
P ...	3	14·6	18	15	262·8	3,885	1,295
			Lower floor.				
E ...	10	35·6	24	14	852	11,928	1,192·8
J ...	4	16·9	17·6	14	308	4,312	1,078

There is a large out-building of four wards for 24 patients. Each ward is of the following dimensions :—

No. of Patients.	Length.	Breadth.	Height.	Superficial Area.	Cubic Contents.	Cubic Space for each Bed.
6	28	23	8	644	5,152	858

There are also two leaf pavilions for contagious diseases.

Vaccination is far from being in a satisfactory state. It should be carried on from house to house, and made compulsory.

The hospital continues to be much resorted to, patients from all parts of the Presidency having sought admission. There was the slight falling off of 35 in-patients treated, but the out-patients have greatly exceeded the number of any previous year. The falling off in the former is very easily explained, as only 6 cases of itch were admitted compared to 31 of the previous year, and as the worst cases of disease were only admitted. Many others who came for admission were treated as out-patients. This has of course greatly increased the percentage of mortality.

The number of Europeans and East Indians treated as in-patients was 471 and of Natives 531 = a total of 1,002. 2,155 Europeans and East Indians and 6,956 Natives were treated as out-patients, giving a total of 9,111, which, with the 1,002 in-patients, gives a grand total of 10,113, of which number 3,763 were children. 27 Europeans and 64 Natives died during the year, giving a percentage mortality of Europeans 5·7 and Natives 12· and 9·08 per cent. on the whole treated. Many of the Natives were brought to hospital in the last stage of disease simply to die. Eighteen expired within a short period after their admission.

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Extract from Inspection Report by Deputy Surgeon-General W. J. VanSomeren, M.D., dated 11th February 1875.

Hospital.—Built as a private house; this building is necessarily ill adapted for a hospital. It is clean everywhere, and so also is its neighbourhood; but constant care and unwearying attention are required to prevent the northern margin of its compound from being used as a *lieu d'aisance* by the inhabitants of a Chucklers' hamlet just beyond its hedge. The premises are large, and a considerable expanse of ground intervenes between the hospital buildings and the boundary of the compound.

Nature, character, and condition of bedding and furniture, &c.—The condition of the bedding and furniture is good, and the supplies adequate to the requirements and comfort of the patients.

Principal diseases.—The largest number of admissions appear under the following heads in the order of their mention:—

Privation.
Fevers.
Hepatic diseases.
Pulmonary consumption.
General debility.
Bright's disease.
Heart disease.
Syphilitic affections.
Rheumatic do.
Fractures.
Round-worms.

The only disease under which mortality is high is phthisis, and 18 deaths were caused by it. Five under dysentery is the next in number of its fatal cases, and there is a great difference between the two.

How supported and maintained.—The hospital is supported by the Municipality, and Surgeon-Major C. Smith very laudably collects some small subscriptions among friends to enable him to purchase for his patients, and provide for their wants, what otherwise he might find difficulty or delay in obtaining.

Visitors' Book—General tenor of Remarks.—There are but three entries, and all these favourable.

Eye Infirmary.

Extract from Annual Medical Report by Surgeon E. Brockman.

The hospital is at present situated very happily in the populous and very central part of Madras called "Vepery," where, from its position, it can be readily reached from all parts of Madras.

The Eye Infirmary was originally established in July 1819 by the Honourable the Court of Directors in a house known as "Compton's Gardens" in Royapettah under the superintendence of Surgeon R. Richardson.

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In June of the following year 1820, for reasons not to be ascertained, the present locality was chosen, and the hospital re-opened in the premises now occupied for the purpose, and still under the charge of Surgeon R. Richardson. The reports submitted to the Directors were of so favourable a nature as to induce the Court to continue to maintain the hospital, and, in order that a suitable successor might be found in the possible absence of Surgeon Richardson, Assistant Surgeon T. M. Lane was appointed as an Assistant to Surgeon Richardson in October 1823.

During the course of the following year Surgeon Richardson died, and was succeeded by Assistant Surgeon T. M. Lane, who held the appointment until October 1844, when he died from apoplexy. Surgeon W. B. Thompson next was appointed, and held the office of Superintendent until 1851, when he proceeded on sick leave and died during his absence. Surgeon James Shaw then assumed charge from August 1851 to February 1862. In August 1857 he proceeded to England on furlough for two years, Assistant Surgeon J. L. Paul carrying on his duties during his absence.

Surgeon James Shaw was next relieved by Surgeon G. Smith, who continued as Superintendent until February 1869, when he vacated the appointment to take up that of Physician to the General Hospital. At this time Surgeon H. C. Brodrick returned from furlough and was gazetted to the appointment in March 1869. He kept the appointment for two short months, when he died from an apoplectic seizure on the 22nd May. From this date the hospital was destined to witness a repeated change in its Superintendent.

Apothecary Turnbull then conducted the duties of the hospital from that date until the 3rd September. He was then relieved by myself, who continued in charge until the 3rd June 1870, when, on the arrival of Surgeon W. N. Chipperfield, the duties were handed over to the latter officer, who was relieved in September by Surgeon M. C. Furnell. The latter officer continued in charge until the 27th July 1871, on which date he proceeded with Lord Napier to the Neilgherries, where he remained until 1st November. On returning to Madras he again assumed charge of this hospital, and continued in this appointment until 12th June 1872. At this time Surgeon W. N. Chipperfield re-assumed medical charge and performed the duties until his death from apoplexy on the 22nd May 1873. On the 24th May I once again administered in this appointment until the 27th December, when Surgeon-Major M. C. Furnell took up his duties here as the permanent incumbent. On the 27th October 1874 he abandoned this charge to take up the Acting Principalship of the College. I was once again posted to the acting appointment, and on the 28th March 1875 became its permanent incumbent.

This hospital has been and is entirely supported by Government.

The following table shows the admissions in the in and out patients from the year 1840 to the year 1874 inclusive:—

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Year.	Total Admissions.		Average Daily Sick.		Total Deaths.		Year.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.		In.	Out.	In.	Out.	In.	Out.
1840 ...	472	135	29¼	11¼	1	...	1858 ...	899	1,965	41	41	...	...
1841 ...	748	204	46	14½	5	...	1859 ...	1,076	1,673	45	37	...	...
1842 ...	634	131	41	10	2	...	1860 ...	759	2,341	43	35	...	...
1843 ...	614	105	40	7¾	...	...	1861 ...	659	2,230	37	35	1	...
1844 ...	600	88	39	6	...	...	1862 ...	282	2,088	15	33	...	...
1845 ...	415	48	30	3	...	...	1863 ...	259	1,953	13	31	...	...
1846 ...	464	61	31	4	...	...	1864 ...	240	1,701	12	27	...	...
1847 ...	454	67	30	5	...	...	1865 ...	242	1,752	15	29	...	...
1848 ...	520	65	30½	5	...	...	1866 ...	313	1,774	17	30	...	...
1849 ...	772	175	45	9	...	...	1867 ...	293	1,831	15	30½	...	...
1850 ...	807	282	50	12	...	...	1868 ...	262	2,235	14	34	...	...
1851 ...	1,022	458	47	15	...	...	1869 ...	266	2,295	25	45	1	...
1852 ...	1,063	679	49	18	...	...	1870 ...	282	2,069	26	39	...	...
1853 ...	1,140	912	51	21	...	...	1871 ...	308	1,802	27	45	...	...
1854 ...	1,609	1,220	57	30	...	...	1872 ...	316	1,842	28	46	...	...
1855 ...	1,615	1,257	57½	33	...	...	1873 ...	361	2,167	28½	45	...	...
1856 ...	1,597	1,271	55	34	...	...	1874 ...	400	2,597	28	39	1	...
1857 ...	1,040	1,621	47	37	1	...							

Extract from Inspection Report by Deputy Surgeon-General W. J. VANSOMEREN, M.D., dated 5th February 1875.

Principal diseases.—Catarrhal ophthalmia, diseases of the cornea, cataract, affections of the lachrymal appartus, wounds and injuries of the eye; and sequelæ of native operations have occurred most frequently, and are mentioned in the order of their frequency. Not a single death has occurred during the year.

MILITARY FEMALE ORPHAN ASYLUM.

Extract from Annual Medical Report by Surgeon-Major C. SMITH, M.D.

No alterations have been made in the building with the exception of receiling the dormitories and oil-painting them. The roof of the dormitories had been much neglected, and during the heavy rains in October and November the water poured down through the roof, saturating the walls and the floors, and causing a great deal of sickness. The roofs have, I understand, been repaired.

From the beginning of the year till the 17th November there had been no great sickness in the institution. Only 43 girls had been on the sick list. On the 17th November influenza broke out as an epidemic, and lasted until the 7th December, during which time 98 girls were attacked. Many

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of these had rather severe bronchial complication caused, as I am of opinion, by the damp dormitories.

Extract from Inspection Report by Deputy Surgeon-General W. J. VanSomeren, M.D., dated 9th March 1875.

Natural drainage is scarcely if at all existent, and rain water disappears to a very great extent by absorption and evaporation. There is no artificial drainage beyond some masonry channels connected with the bath-rooms and kitchen, which deposit their contents in a tank behind the latter. Cleanliness was a manifest characteristic everywhere.

Means of Recreation.—There is a gymnasium, but very little or no provision for in-door amusements, such as drafts, backgammon, dominoes, and chess. The girls are turned out into the large compound every morning for exercise.

Principal diseases.—Not a single death has occurred in the school during the year. The average daily sick has been a small fraction above 7, and the total of admissions during the year was 214. As many as 98 of these were cases of influenza. The next disease in frequency of occurrence was sore-throat with 24, then comes febricula with 17, and skin diseases with 14 cases. In point of healthiness, therefore, the asylum may be regarded as taking a high position.

Leper Hospital, Madras.

Extract from Annual Medical Report by Surgeon D. R. Thompson, M.D.

Name of Town, Population of Town and of District.—The Leper Hospital is situated in the north side of Black Town, and is bounded on the north by the Railway Line, on the south by the Venketagherry Rajah's Choultry, east by the Municipal Cart Lines, and on the west by the Monegar Choultry Road. The population of the district, according to the last census report, amounts to 64,843, scattered over an area of 6·71 square miles.

Date of Establishment.—The oldest records of the Monegar Choultry with which this institution was originally blended date as far back as the year 1841, but give no clearly-defined information by which the date when this institution was established can be fixed.

By whom originated.—Surgeon J. Underwood established the Monegar Choultry in 1798, and it seems probable that the Leper Hospital was founded by him at the same time.

How supported.—By Government.

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What Medical Officers have been in charge—

Rank.	Name.	From	To
Assistant-Surgeon ...	A. Lorimer, M.D. ...	1st Jan. 1841	28th Sept. 1841
Surgeon	J. Lawder	29th Sept. 1841	10th Jan. 1844
Do.	W. G. Davidson ...	11th Jan. 1844	11th Feb. 1847
Do.	J. Kellie	12th Feb. 1847	17th Oct. 1847
Assistant-Surgeon ...	W. Evans, M.D. ...	18th Oct. 1847	31st Dec. 1849
Surgeon	A. Hunter, M.D. ...	1st Jan. 1850	28th Feb. 1852
Assistant-Surgeon ...	A. J. Cleghorn, M.D. ...	1st March 1852	30th Sept. 1852
Surgeon	A. Hunter, M.D. ...	1st Oct. 1852	31st Jan. 1853
Assistant-Surgeon ...	C. D. Currie, M.D. ...	1st Feb. 1853	8th April 1853
Do.	A. Hunter, M.D. ...	9th April 1853	9th Jan. 1855
Surgeon	H. W. Porteous ...	10th Jan. 1855	29th Sept. 1855
Assistant-Surgeon ...	W. J. vanSomeren, M.D.	30th Sept. 1855	29th Oct. 1856
Surgeon	H. W. Porteous ...	30th Oct. 1855	31st March 1856
Assistant-Surgeon ...	J. L. Paul, M.D. ...	1st April 1856	9th Feb. 1857
Do.	J. W. Mudge, M.D. ...	10th Feb. 1857	11th May 1858
Do.	J. L. Paul, M.D. ...	12th May 1858	7th July 1858
Do.	W. J. vanSomeren, M.D.	8th July 1858	13th Aug. 1859
Do.	H. B. Montgomery, M.D	14th Aug. 1859	7th Oct. 1860
Do.	W. J. vanSomeren, M.D.	8th Oct. 1860	20th March 1869
Surgeon-Major ...	C. J. Rodgers... ...	21st March 1869	31st Dec. 1870
Do.	W. J. vanSomeren, M.D.	1st Jan. 1871	2nd June 1874
Surgeon	A. L. Hackett... ...	3rd June 1874	31st Aug. 1874
Surgeon-Major ...	W. J. vanSomeren, M.D.	31st Aug. 1874	29th Oct. 1874
Surgeon	P. Thompson	30th Oct. 1874	9th Nov. 1874
Do.	W. Macrae, M.D. ...	10th Nov. 1874	17th March 1875
Do.	W. G. King	18th March 1875	20th March 1875
Do.	R. V. Power	21st March 1875	In medical charge.

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In each year since opening, or as far back as possible, give the following data:—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1841	110	...	41·37	...	27	...
1842	126	...	56·75	...	45	...
1843	77	...	54·75	...	32	...
1844	81	...	40	...	20	...
1845	82	...	42·5	...	8	...
1846	130	...	69·33	...	18	...
1847	98	...	61·33	...	27	...
1848	92	...	57·58	...	22	...
1849	93	...	64·75	...	21	...
1850	100	...	58	...	27	...
1851	115	...	62	...	18	...
1852	97	...	53·66	...	22	...
1853	88	...	53·5	...	13	...
1854	170	...	64	...	27	...
1855	112	...	45	...	29	...
1856	73	...	55·5	...	14	...
1857	59	...	63	...	17	...
1858	82	...	64	...	18	...
1859	76	...	64	...	25	...
1860	112	...	63	...	33	...
1861	101	...	75	...	16	...
1862	176	...	75	...	26	...
1863	165	..	68·75	...	17	...
1864	115	...	78	...	24	...
1865	138	...	87	...	29	...
1166	110	...	86·5	...	34	...
1867	85	...	81	...	21	...
1868	83	...	59	...	12	...
1869	133	...	87·5	...	19	...
1870	166	...	110·81	...	32	...
1871	107	...	112·69	...	31	...
1872	107	...	96·91	...	32	...
1873	168	...	97·67	...	43	...
1874-75	200	...	126·36	...	34	...

Dimensions of Hospital.—The Leper Hospital consists of eight separate blocks of wards, one for Native females, five for Native males, one for European and East Indian males, and one for European and East Indian females.

Extract from the Inspection Report by Deputy Surgeon-General W. J. VANSOMEREN, M.D., dated 17th February 1875.

Principal Diseases.—Albumenuria, diarrhœa, ague, general debility, dysentery, ephemeral fever, and catarrh are mentioned in the order of their frequency. Of these diseases, under albumenuria 15 deaths occurred, diarrhœa 6, general debility 6, and dysentery 2. Albumenuria is so prominent a feature in a large proportion of cases of the leprous diathesis, that its frequent occurrence, and the large number of fatal cases under its designation, are scarcely to be wondered at.

Visitors' Book—General tenor of Remarks.—None.

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Madras Civil Orphan Asylum.

Extract from Annual Medical Report by Surgeon A. L. Hackett.

Date of establishment, and by whom originated.—This institution originated in the establishment in Black Town of a Free Day School for boys in 1807, and on the 8th of April 1815 the Female Asylum was established. The children of these Asylums and of the Fort or St. Mary's Church Charity School were, under G.O., 26th August 1871, No. 252, removed on the 16th January 1872 to Egmore to the premises lately occupied by the Military Male Orphan Asylum.

How supported.—It is supported by private contributions supplemented by a Government grant.

Medical Officers in charge.—The Medical Officers in charge have been Surgeons-Major R. W. Cockerill, W. Fry, C. M. Duff, and C. A. Andrews, Surgeons W. S. Fox, R. V. Power, W. Macrae, and A. L. Hackett.

Admissions, Daily Sick, and Deaths since opening—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1872-73 ...	213	...	13	...	...	...
1873-74 ...	185	...	5	...	1	...
1874-75 ...	109	...	3¼	...	...	...

Dimensions of Hospital.—

Male Asylum.

	Length. FT.	Breadth. FT.	Height. FT.
No. 1 Ward	35	20	18½
No. 2 Ward	20	8	15¼

Female Asylum.

	Length. FT.	Breadth. FT.	Height. FT.
No. 1 Ward, upper story	40	36	12
No. 2 Ward, do.	20	16½	12
No. 1 Ward, lower story	36	20	10
No. 2 Ward, do.	19	15	10

Epidemic Diseases.—There was an epidemic of measles solely amongst the boys; the disease made its appearance on the 2nd July soon after the return of the children from their midsummer holidays, and there were altogether 38 cases; this was previous to my taking over charge. The disease was of a very mild type and amenable to treatment.

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Madras Native Infirmary.

Extract from Annual Medical Report by Surgeon B. V. Power, M.D.

Remained 31st March 1874	60
Admitted	1,971
Total treated	2,031
Discharged...	1,275
Transferred	418
Died	255
Remaining 31st March 1875	83
Average daily number of sick	68·159

Principal diseases and classes of disease prevalent during the year.—Remittent, intermittent fevers, rheumatic, venereal and pulmonary affections, consumption, anæmia, general dropsy, asthma, dysentery, diarrhœa, albumenuria, abscesses, ulcers, general debility, privation, and surgical lesions were the most frequently met with.

Extract from Inspection Report by Deputy Surgeon-General W. J. van Someren, M.D., dated 15th February 1875.

Principal Diseases.—Wounds and injuries caused the largest number of admissions under any one head; general debility, albumenuria, diarrhœa, venereal affections, fevers, dysentery, abscesses, ulcers, and privation in the order of their mention. Of 26 deaths 44 (the highest number) are ranged under general debility, 42 under albumenuria, 40 under diarrhœa, 18 under dysentery, 17 under general dropsy, and 16 under pulmonary consumption; only units of mortality occurred under other heads.

How supported and maintained.—The Native Infirmary, like the Monegar Choultry, of which it forms a part, is maintained by public subscription and assisted by a grant of money from the Municipality in addition to the gift by Government of the Medical Officer's and Medical Subordinates' services.

Visitors' Book—General tenor of Remarks.—A visitors' book is kept for the Municipal Commissioners. All entries in the past year are favourable.

MADANAPULLY.

Extract from Annual Medical Report by Assistant Apothecary T. Ward.

Name of Town.—Madanapully.

Local Fund Circle and District.—Madanapully Circle, Cuddapah District.

Population of Town.—5,087.

Population of Local Fund Circle.—550,394.

Population of District.—1,349,574.

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Date of establishment of Hospital and Dispensary.—3rd July 1869 (Madras G.O., Public Department, No. 903, 1869).

Date of opening.—9th October 1869.

By whom originated.—E. Storr, Esq., then Sub-Collector, and the Rev. Dr. J. Chamberlain, of the American Arcot Mission.

How supported.—From Local Funds and interest of funded capital.

What Medical Officers have been in charge.—Apothecary T. Ward.

Number of sick in each year since opening.—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In-Patients.	Out-Patients.	In-Patients.	Out-Patients.	In-Patients.	Out-Patients.
1869-70 ...	...	1,909	...	37·51	...	8
1870-71 ...	133	4,939	10·57	73·03	13	1
1871-72 ...	205	5,584	13·76	59·79	7	11
1872-73 ...	390	8,746	23·66	86·46	8	1
1873-74 ...	435	7,420	20·74	74·83	17	4
1874-75 ...	460	8,511	23·42	73·26	14	...

Police Hospital.—There is no Police Hospital. At present the Police sick are treated by the Hospital Assistant in charge of the Sub-Collector's establishment, and when the Hospital Assistant is on tour with the Sub-Collector, the Police sick attend the dispensary as ordinary out-patients.

Many of the Police stations in the sub-division are in very unhealthy localities. In 1874-75 there were 138 sick with a daily average of about 6, and it is not an uncommon occurrence for 10 or more men to be on the sick list at the same time. Occasionally in serious cases men have to be admitted into hospital, taking up room which can ill be spared; it is therefore very desirable that there should be a small hospital for the Police, and as it seems advisable not to have the Police sick located in the Civil Hospital compound apart from the question of there being no ground to spare, the best site probably would be the high ground to the west of the new Taluq Cutcherry, the hospital to consist of a ward for twelve beds, dispensing-room, lavatory, latrine, and kitchen, with an establishment of a Hospital Assistant, a waterman, who should also do duty as a ward cooly, and one sweeper.

I venture to make these suggestions, as I am confident they will, if acted upon, tend to increase the efficiency of the force, and prove an economical way of dealing with the question.

Number and professional character of medical men in the neighbourhood other than such as have had medical education in Europe or at some European College or School in India.—There are only three native practitioners in this and the neighbouring towns who are considered properly qualified according to the Hindu system of medicine; all three are Brahmins.

State of Medicine among Native Practitioners.—The three men alluded to in the preceding paragraph have the confidence of the people in their vicinity to a certain extent, and probably do some good; but there are several men

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of different castes in the towns and villages who make a pretence of treating those who unfortunately fall into their hands, generally with unfavourable results, their patients frequently suffering more from the treatment than their diseases, from the free and ignorant use of mercurial preparations.

Native Oculists and Lithotomists.—There are no lithotomists. Oculists who perform the operation of depression of the lens for cataract come in this direction occasionally from the Mysore side. Most of their operations prove unsuccessful.

European medicines available in the Bazaar, and to what extent Native Practitioners and the people use them.—No European medicines are procurable in the bazaar, but quinine, chlorodyne, &c., are kept and used by many of the native officials and by a few of the wealthy merchants and others. Native practitioners use quinine freely.

State of Vaccination, and views of the people as to its virtues. Inoculators in the Circle.—Vaccination is in a backward state throughout the circle owing to the indifference and prejudices of the people. The educated and well-to-do are as a rule convinced as to the protective power of vaccination, but the great bulk of the people do not believe in its efficacy, and on the contrary are doubtful as to its object, and have a lively fear as to its results.

One or two men in the Voilpad Taluq practised inoculation in a few villages until lately, but I believe they have ceased doing so now.

The rainfall was much in excess of what it usually was in previous years, and in consequence there was a considerable increase of fever; in other respects the public health was good.

Principal Diseases and classes of diseases.—The principal classes were A and B of general diseases, and digestive and cutaneous of local diseases. Of individual diseases, ague, rheumatism, syphilis, catarrhal ophthalmia, bronchitis, asthma, dyspepsia, dysentery, intestinal worms, colic, constipation, diarrhœa, gonorrhœa, psoriasis, eczema, ulcer, and scabies were the most common.

Extract from Inspection Report by Deputy Surgeon-General G. Smith, M.D., dated 6th January 1875.

Principal Diseases.—During the last calendar year there were in-patients 449 and out-patients 8,339, showing very clearly the popularity of the hospital and dispensary, and the confidence reposed by the public in Mr. Ward. The principal diseases, ranged in the order of their frequency, are as follows:—Ague (in-patients 68, out-patients 2,389), rheumatism (in-patients 20, out-patients 480), ophthalmia (out-patients 298), itch (in-patients 12, out-patients 264), syphilis (in-patients 57, out-patients 169), dysentery (in-patients 8, out-patients 143), and gonorrhœa (in-patients 10, out-patients 126). The large proportion of venereal diseases is remarkable. The principal diseases are malarial, rheumatic, and syphilitic. There are special wards for venereal cases. Male and female venereal

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patients occupy contagious wards—an arrangement which I have commented upon as most objectionable.

MADURA.

Extract from Annual Medical Report by Surgeon M. Robinson.

Name of Town.—Madura.

Population.—52,103.

Population of town and district.—22,66,615.

Date of Establishment.—9th May 1842.

By whom originated.—It appears from the first annual report of this institution that previous to the opening of the dispensary the Collector used to provide medicines at his own expense to those applying for medical relief, and it was therefore thought that such an institution would be appreciated.

The building appropriated for it was originally a guard-room over the west gate of the fort, but had never been used as a public bungalow. It first consisted only of one ward with a room adjoining for dispensary and surgery. The establishment consisted of the Surgeon, one Second Dresser, one cook, and one toty. In the following year two wards were built on the north side of the platform, at the rear of the original building. It consists of a ward for male, and contains twelve beds, and a female ward for ten beds. It was thought at the time that should the wards not be required for civil population, that the military patients might have been accommodated there; but this never seems to have been done. I notice in one or two of the earlier reports that the natives at first very much objected to the treatment of bleeding.

In 1862 the Collector set on foot a subscription, and altogether about Rupees 70,000 were collected for this institution and for the Lying-in Hospital; many of the natives subscribed liberally; some of this money was spent in erecting the Lying-in Hospital, the rest being invested in house property and otherwise. There are two caste wards to hold two beds, each built on the south side of the compound, but I cannot ascertain when they were added to the establishment, although in the course of the thirty-three years that the institution has been opened the treatment of diseases has undergone great change; it has continued to increase in favour with the population. In some years they have had much larger number of in-patients, those we have had for instance in 1858; this was due to cholera, but out-patients' attendance has steadily increased; two years ago it was determined to build a new dispensary, and the foundation stone was laid in 1873, but it is not completed yet.

How supported.—By money invested in funds Rupees 45,900, rent of bungalow Rupees 120 per mensem, and municipal grant.

What Medical Officers have been in charge.—Assistant Surgeons Gill, W. F. Anderson, J. Colebrook, Hilbers, J. MacDonald, M.D., W. Wilson, S. Rule, M.D., Native Surgeon Y. Antony, Surgeons J. M. Joseph, M.D.,

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J. Murray, M.D., F. Fletcher, J. F. Fitzpatrick, M.D., Surgeon-Major A. Gamack, A.M., M.D., Surgeons G. F. Bevan and M. Robinson.

In each year since opening, or as far back as possible, give the following data:—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1842	46	228	No record.	No record.	...	...
1843	116	465	$7\frac{246}{365}$	$17\frac{73}{365}$	7	8
1844	134	434	$10\frac{1}{4}$ M $\frac{32\frac{1}{2}}{366}$	$19\frac{1}{2}$ M $\frac{36}{366}$	4	1
1845	201	531	$13\frac{301}{365}$	$23\frac{77}{365}$	9	13
1846	248	805	$10\frac{126}{365}$	$31\frac{133}{365}$	6	5
1847	240	902	$14\frac{41}{365}$	$31\frac{3}{4}$ m $\frac{72\frac{1}{4}}{365}$	7	15
1848	323	1,093	$27\frac{11}{12}$	$38\frac{1}{12}$	20	5
1849	375	1,823	$16\frac{133}{365}$	$50\frac{177}{365}$	16	5
1850	375	2,060	$15\frac{200}{365}$	$67\frac{152}{365}$	11	1
1851	443	2,100	$18\frac{15}{365}$	$56\frac{2}{365}$	8	2
1852	562	3,367	$21\frac{52}{365}$	$58\frac{92}{365}$	22	11
1853	513	4,937	$19\frac{732}{365}$	$60\frac{229}{365}$	24	19
1854	609	4,862	$24\frac{168}{365}$	$67\frac{210}{365}$	20	25
1855	569	4,905	$26\frac{247}{365}$	$72\frac{171}{365}$	25	6
1856	461	4,919	$22\frac{101}{365}$	$175\frac{152}{365}$	40	9
1857	472	6,040	$20\frac{116}{365}$	$215\frac{305}{365}$	26	2
1858	840	7,095	$38\frac{3}{4}$	$276\frac{1}{4}$	31	12
1859	638	8,309	30	$296\frac{3}{4}$	18	5
1860	461	9,390	25	$328\frac{1}{2}$	29	8
1861	299	7,797	16	$209\frac{1}{4}$	27	3
1862	290	7,569	[$13\frac{1}{4}$	$80\frac{3}{4}$	14	7
1863	300	6,756	$14\frac{1}{2}$	$54\frac{3}{4}$	11	6
1864	354	7,408	$22\frac{3}{4}$	$51\frac{1}{4}$	27	4
1865	384	6,902	29	$45\frac{3}{4}$	19	11
1866	384	8,418	$22\frac{9}{16}$	$57\frac{1}{16}$	46	13
1867	284	9,338	$22\frac{1}{2}$	$67\frac{1}{4}$	37	2
1868	351	10,407	$20\frac{1}{4}$	$77\frac{1}{8}$	22	6
1869	320	10,803	20	81	13	14
1870	274	9,762	$17\frac{3}{4}$	71	22	3
1871	221	11,791	$14\frac{1}{4}$	$82\frac{3}{4}$	28	3
1872	233	16,722	$14\frac{3}{16}$	$103\frac{5}{48}$	20	4
1873	265	17,559	$14\frac{1}{2}$	$123\frac{3}{4}$	37	...

Dimensions of Hospital.—

—	Length.		Breadth.		Height.	
	FEET.	INCH.	FEET.	INCH.	FEET.	INCH.
Male ward	49	9	16	...	11	10
Female ward	41	$10\frac{1}{2}$	16	11	11	6
Caste.						
Male ward	29	5	8	8	9	...
Female ward	18	9	10	6	8	9

Police Hospital.—Up to the 1st March 1863 the Police were treated at the Civil Dispensary, but from that date a Police Hospital has been established in front of the old detachment barracks for six months; after

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this was opened the patients were still looked after by the Civil Dispensary Subordinates or by the Jail Dresser, but in October of the same year a Third-class Hospital Assistant was appointed to do duty there.

The removal of the Police to a separate hospital was ordered in Proceedings of Madras Government, No. 238, dated 14th February 1863. It is now under consideration to again combine the Police Hospital with the Civil Dispensary.

The hospital consists of one ward capable of containing twelve beds; the roof is rather low, and there is a want, I think, of ventilation. There is also a small room used as a dispensary and office. The hospital is conveniently situated, being close to the Police lines. The Municipal Commissioners are now considering the advisability of combining the Police Hospital with the Civil Dispensary as proposed by Government.

State of Medicines among the Natives.—By the help of the Hospital Assistant Appavoo Numby, in charge of the Branch Dispensary, I have been able to discover that the following medicines are used :—Mercurial preparations. Sulphuret of antimony. Decoction of roots, pulps, and leaves, such as China root, marking nut, Indian hemp, croton seed, chiretta, saffron, musk, sarza, castor and all carminatives, &c., particularly magathennay, cuppamany, smoke of mercury or roots for venereal complaints, and ointment for bathing occasionally, confections, syrups.

What European Medicines are available in the bazaar, and to what extent do Native Practitioners or the people use them.—Quinine, jalap, cream of tartar, soda, tartaric acid, caustic, santonine, sulphuric, nitric, and muriatic acids, iodide of potassium, chlorate and carbonate of potash, peppermint, &c., are available in common bazaars, and the rest of all European medicines in two druggists' shops kept in Madura. Native practitioners and the public use all the drugs named in general.

State of vaccination, and view of the people as to its virtues. Are there Inoculators present ?—Vaccination well appreciated by the people here; a few classes of people only object to it, say that their family god would be angry; the superstition is fast dying out. There are three vaccinators for the town paid by the Municipality.

Are there any Oculists or Lithotomists in the District.—There are a few native oculists in the district who visit here once in six or seven months and operate upon eyes with needle-shaped instruments and make use of eye salves, and it appears with success.

The Dispensary.—The large and increasing attendance at the Civil Dispensary is the best evidence of its usefulness; the Natives evidently appreciate the European mode of treatment; so much are they impressed by it, that the native practitioners in the place have added many European medicines to their list of medicines.

Lying-in Hospital.—Continues to be appreciated by the natives. During the year 102 women were confined in this institution and 103 children born. Three casualties occurred among the mothers.

There are three paid pupil midwives; one is to be given a certificate and to be sent to the dispensary at Periacolum in a few days.

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During the year a new set of huts have been built, eight in number, for expectant women, caste women and pupils; they were occupied about three months ago.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 5th November 1874.

Conservancy of the neighbourhood generally.—The conservancy of the neighbourhood of the dispensary, equally with that of the town of Madura, is under municipal direction, and is of the most efficient nature.

Hospital.—A new building is now in the hands of the workmen, and its completion will soon be effected. The plan appears to be an excellent one, and the buildings when completed will give to the town a hospital in every way suited to the wants of its inhabitants. At the next annual inspection the descriptive statement will be accompanied by a ground plan of this building. On the present occasion it is satisfactory to report the efficient working of the hospital in the present ill-conditioned building, cleanliness and well-ordered hospital economy being everywhere present.

Principal Diseases.—The principal diseases during the year under review were fevers, rheumatism, bowel-complaints, skin and syphilitic affections, abscesses, wounds and injuries.

The following table will be found to indicate the sickness and mortality amongst the in and out patients during the last five years :—

Years.	In-patients.		Out-patients.	
	Sick.	Died.	Sick.	Died.
1870	281	22	9,796	3
1871	283	28	11,820	3
1872	235	20	16,808	4
1873	269	37	17,646	1
1874 (to 30th Sept.) ...	237	22	13,273	1

MANARGOODY.

Extract from Annual Medical Report by Native Surgeon P. S. Mootoosawmy Moodelly, G.M.M.C. and F.L.S.

What Medical Officers have been in charge.—Since the foundation of the dispensary in 1857 I have been in medical charge of the institution up to the present date.

In each year since opening, or as far back as possible, give the following data.—The number of in and out patients treated in each year since the opening of the dispensary on the 14th September 1857 up to 31st March 1875 is given in the prescribed form in the following tabular statement.

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The aggregate total of each class of patients for the past eighteen years are indicated below :—

In-patients 4,987
Out-patients 164,116

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1857	60	2,017	7	72	8	1
1858	238	5,382	$9\frac{1}{4}$	$58\frac{1}{4}$	10	14
1859	407	7,158	$9\frac{1}{4}$	$53\frac{1}{4}$	10	14
1860	421	11,606	$15\frac{1}{8}$	$44\frac{1}{8}$	19	22
1861	311	12,230	$15\frac{1}{2}$	$62\frac{1}{2}$	8	16
1862	333	10,351	13	$65\frac{1}{4}$	2	41
1863	301	11,361	$13\frac{7}{8}$	$52\frac{1}{2}$	15	5
1864	336	11,789	$14\frac{3}{16}$	$54\frac{7}{8}$	14	10
1865	231	8,200	$14\frac{11}{16}$	$50\frac{1}{8}$	14	9
1866	279	7,576	9	40	8	9
1867	224	5,973	$10\frac{5}{8}$	$35\frac{3}{4}$	15	24
1868	252	9,094	$11\frac{3}{8}$	40	13	6
1869	215	8,546	$10\frac{1}{2}$	$41\frac{3}{8}$	9	7
1870	167	9,732	$8\frac{1}{4}$	$52\frac{1}{4}$	9	4
1871	217	7,203	12	$45\frac{1}{8}$	3	...
1872	349	10,988	$13\frac{1}{2}$	$49\frac{1}{2}$	14	4
1873	394	15,911	10·91	47·8	10	5
1874-75	252	9,299	11·02	35·22	14	4
Total ...	4,987	164,416	220·305	921·87	201	209

POLICE HOSPITAL.

If there be any Police Hospital or Lying-in Hospital, their history and good doing.—The sick of the Mofussil Police of the taluqs of Manargoody, Tritrapoondy, and Puttoocottah were treated in the Civil Hospital at this station since the organization of the force in 1860, and the Government have granted me in June 1864, as per G.O., Financial Department, dated 4th June 1864, No. 825, a separate allowance of Rupees 15 per mensem for affording medical aid; and a Branch Dispensary having been established at Tritrapoondy in 1869, the Police sick of that taluq are treated in that dispensary, while those of Mannargoody and Puttoocottah Taluqs continue to be treated by me. Complaints having been made by the medical officers in charge of dispensaries of the impropriety of treating Police sick with those of the Civil Dispensaries, the Head of the Medical Department recommended to Government that the Police sick should be separately accommodated whenever practicable, upon which the Government sanctioned the erection of a separate Police Hospital at this station also, and accordingly a small building consisting of a single room capable of containing four beds was constructed by the authorities of the Public Works Department. The new Police Hospital is about 200 yards to the south of the Civil Hospital; it is destitute of out-houses. The Government having sanctioned the necessary staff of menial servants, the hospital building was made over to me under these

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arrangements. I got the Police sick, heretofore treated in the Civil Hospital, transferred to the proposed new building on the 16th November 1874.

Within a few months after the Government ordered in their Proceedings, dated 4th February 1875, No. 153, the amalgamation of the Police Hospital with Civil Dispensaries at all civil stations where the measure was feasible, considering the number of sick treated in it which amounted to three or four patients a day, and the distance of the two hospitals being near each other, and the change being convenient and economical. The Police Hospital, according to the rulings of Government, was amalgamated on the 16th March last, and the services of the ward cooly and a toty were dispensed with. It remains now for the receipt of order for the disposal of the building. I would suggest that the building be made over to the Municipality that it may be turned to some advantage by them.

From 1857 to the present date (1874-75) 4,987 in-patients and 164,116 out-door applicants have received relief; 1,750 surgical operations have been performed, and had it not been for the existence of this medical charity opened by the liberality of Government what would have become of these thousands of human beings, some of whom had met with violent injuries, and others who had become subject to diseases which could only be remedied by the knife. Apart from these we come to women. What could they have done in the hour of their travail, when the efforts and exertions of the ignorant midwives failed to render that necessary and timely aid which the momentous state of labour called for.

Civil Hospital Dispensary.

I am glad to be able to report that the Civil Hospital and Dispensary continued to maintain their reputation for usefulness and popularity. It will be seen from the annual returns of sick treated during the past year, herewith submitted, that 252 in-patients and 9,299 out-door applicants have been treated. On comparing these figures with those of 1873-74, there will be seen a decrease of 76 in and 3,743 out patients.

There were 57 self-supporting patients—42 males and 15 females.

The causes that can be assigned for this are, first, the number of in-patients is restricted from want of provision in the budget estimate, a sum of 500 Rupees having been allotted in it for the dieting charges, including perishable articles; notwithstanding this the expenses have exceeded the amount by 300 Rupees. The diminution in the number of out-door applicants is attributable to the healthy condition of the population.

Kerr Lying-in Ward.—The benefit of this maternity has not been eagerly resorted to by the native population. The poorer classes avail themselves of the advantages held out by the benevolent institution, while those-well-to do apply for the services of the midwife at their quarters and the obstetric physician in cases of emergency and difficult labour, even from a distance and at any cost. In fact the people have great confidence in obstetric practice.

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There were 19 admissions, which with the 1 which remained in the returns of the previous year make 20; of these 17 women had their deliveries in the maternity, 1 absented, 1 died, and 1 is awaiting her accouchment.

Instruction of Female Pupils.—A new class was formed as usual in April 1874 numbering 4 pupils (1 Eurasian and 3 Barber women), and they completed their course of instruction in midwifery, and were sent out on the 15th March last to practise for themselves as midwives on their own responsibility. The pupils were regular in their attendance, and evinced desire for improvement. It is to be regretted that they could not be made to learn the vernacular (Tamil), their mother tongue, though inducements were held out to them.

Two passed female pupils were promoted to midwives, one to the Paumben and the other to Negapatam Civil Hospital during the past year.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 27th January 1875.

Condition of the building, &c.—The structural condition of the various buildings which make up this hospital is far from satisfactory, and requires looking after. The roofing, especially parts of the male ward, needs repair, and since during the rains the wards are said to be wet, owing to roof imperfections, in all the other buildings the repairs should be made general and as complete as possible. The flooring of all the hospital buildings is always an eye-sore. It is of brick and worn in numerous places into concavaties, which give lodgment to dust and refuse matter. The dead-house is said and indeed looks to be in a tumble-down condition. And here is the proper place to call attention to an abuse which for a long time has been tolerated in this dispensary as once it used to be in other like institutions in my circle till its recognition led to its suppression, a result which it is to be hoped may be attained here—I mean in this dead-house being resorted to by the Police authorities to conduct medico-legal autopsies. Apart from the irregularity of thus using for Imperial purposes municipal property, an irregularity which one may be assured Government is unaware of, there is thus all powerful objection to be urged against it that there is positively nothing so much opposed to the successful working of such institutions from the superstitious dread it imparts than is the practice of the bringing in of dead bodies, some of them in an advanced state of decomposition, within the precincts of the dispensary for *post-mortem* examinations, which in this case are conducted in a dead-house in the close vicinage of the wards. I would therefore suggest that so objectionable a procedure should at once be caused to cease, and the Police, who have now a hospital for themselves at a convenient distance from the dispensary, be instructed to provide a dead-house within the hospital compound. The compound is tolerably clean. In it, not many paces from the female ward, there is a deep well wholly unprotected by a

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wall or indeed anything to indicate to the unwary how often "in the midst of life we are in death."

Principal Diseases.—The quinquennial table exhibits at a glance the apparent working of this hospital for the period it represents. I say apparent because of a lurking suspicion that it is more so than real, although at the same time I desire to guard myself against any more positive way of putting the question. The nominal register was subjected to a close investigation with the result of showing, first, that more than 92 per cent. of the applicants for "out-door" treatment only visited the hospital once: and, second, of those who had repeated their visits twice or oftener; one or two suggestive facts were observed, and are noteworthy. *First*, taking the patient's number in the Nominal Register and referring to the Prescription Book, where of necessity they would be had their visits been repeated; several cases were found without corresponding entries in the latter book (I have notes of those cases).

Visitors' Book—General tenor of Remarks.—Favourable.

MANGALORE.

Extract from Annual Medical Report by Surgeon D. C. McAllum, M.D.

Name of the Town.—Mangalore.

Population of the Town —28,811.

Population of the District.—886,248.

Date of Establishment.—In the year 1849.

By whom originated.—By Government during the time of Dr. Macfarlane.

How supported.—By Government, by Government and public, and from 1871 by Municipalities.

Names of all the Medical Officers in charge from the commencement up to the present year.

Dr. D. Macfarlane, M.D.
,, John Brett, M.D.
,, D. D. Fowlis, M.D.
,, B. S. Chimmo.
,, A. Jowett.
,, John Brett, M.D.
,, M. Rogers.
,, D. Campbell, M.D.
,, A. J. Beans.
,, B. S. Chimmo.
,, A. J. Beans.
,, John Brett, M.D.
,, B. S. Chimmo.
,, A. J. Beans.
,, A. C. McLeod, M.D.
,, S. Rule.

Dr. W. J. Busteed, M.D.
,, S. Rule.
,, W. J. Busteed, M.D.
,, F. O. B. Wither.
,, W. J. Busteed, M.D.
,, H. King.
,, W. J. Busteed, M.D.
,, H. King.
,, J. Macpherson, M.B.
,, James Ridings, M.D.
,, J. J. Gibbs.
,, R. Dempster.
,, Hamilton McE. Ross, M.D.
,, R. Dempster.
,, D. C. McAllum, M.D.

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Admissions, deaths, and average daily number of sick from the commencement up to the present of in and out patients.

Years.	Total Admissions.		Total Deaths.		Average Daily No. of Sick.	
	In.	Out.	In.	Out.	In.	Out.
1849	45	1,447	3	...	3⅛	80⅘
1850	51	1,891	6	14	3¾	68¾
1851	64	1,980	8	9	*	*
1852	137	3,551	14	28	6⅙	66⅛
1853	149	*	22	*	8	*
1854	*	*	*	*	*	*
1855	163	4,935	10	6	7¾	65
1856	195	5,574	15	3	9	74¼
1857	164	5,934	14	2	9¼	109
1858	151	6,104	11	18	10¼	128
1859	189	5,890	7	9	10¼	90¼
1860	129	5,874	8	5	7⅛	92¼
1861	123	3,873	15	...	4⅛	26¾
1862	103	3,420	17	2	5⅛	24
1863	268	1,832	21	1	9¼	26¼
1864	262	1,717	21	10	10¼	20
1865	258	1,653	25	5	9¼	9¾
1866	135	2,676	37	6	6¼	19⅛
1867	137	3,376	17	11	9¼	30¼
1868	184	3,594	31	11	11⅛	39¼
1869	158	3,327	23	10	14¾	37
1870	160	2,406	39	7	9·33	20·16
1871	165	3,898	37	4	8·35	34·60
1872	169	5,196	37	4	11·83	74·33
1873	190	6,776	21	2	12·88	58·04
1874	199	6,936	41	1	13·82	65·07
1st quarter 1875	43	1,749	9	1	1·272	71·14

There is a separate Police Hospital for the treatment of the Police sick.

There are a number of native practitioners in the town of Mangalore and in the district, especially in the southern part of the district adjoining Malabar. Most of the practitioners are from Malabar, and these only have been scientifically trained by instructions received from experienced practitioners, books, and clinical teaching. The men of this district proper have not been scientifically trained, and these only practise the treatment of certain diseases, prescriptions and medicines for which they have received from Gossiens or Fakirs and some practitioners from Malabar. The native doctors of Malabar are Moplas, Nairs, and Thiers. The practitioners of this district are principally Toddy-drawers, Jains, and Bunts. In the district these treat certain diseases only with prescriptions that have been given them.

The native practitioners in the southern part of the district are known by the name of Vydeans. In other parts they are called Pundits and Bychers, in Tulu they are called Maroothoo Dakloo, a word simply signifying medical men. Hakeem is a word used only by those speaking Hindustani.

Several women practise and treat the various diseases of children, but they have no particular name that they go by.

* No records to be found.

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The regular trained native practitioners are more or less read in the science of medicine, but they lack a knowledge of anatomy.

The two well-known works Ashtangahiroothaya and Chintamony form the basis of their learning. The former work has been also published in Malayalum. Most of the books, a list of which are given, are printed, some are in manuscript and cadjan. They are printed and written in Sanskrit, but in the Malayalum character. I can only find one book that is printed in Canarese, and there are three in Sanskrit printed in Nagaree character. Dr. Samuel Green's book on Anatomy, Physiology, and Hygiene has also been translated into Malayalum from Tamil; this useful little work does not seem to be studied at all, judging from the extract given on anatomy and also from personal questioning of several practitioners.

The medicines prescribed in the Ashtangahiroothaya, &c., are chiefly decoctions, lehams and ointments prepared from herbs, roots, drugs and spices. Practitioners following this authority invariably prescribe three things at the same time, *viz.*, 1st, a decoction or a leham to be taken internally; 2nd, an ointment to be applied externally; and, 3rd, a conjee with several medicines mixed in it to serve as a diet. The effect of these medicines are said to be slow and gradual, and when skilfully administered, beneficial.

Chintamony prescriptions are generally ashes and pills; the effect of these is said to be sudden, and may be beneficial or otherwise according to constitution, &c. These are rarely used.

The income of the practitioners seems to be uncertain; they make no charge for visits, but ask a certain sum for treating the case, and also get advances for purchasing and preparing the various medicines, &c., that may be required.

Names of the Medical Works both printed and manuscript.

Ashtangahiroothaya, in Malayalum. Printed.			
Yagamirthem, Practice of Medicine, in Malayalum. Printed.			
Gyravavythyanum,	do.	do.	do.
Goonapadagum. Therapeutics,		do.	do.
Rasamunjary, Manuscript,		do.	
Nadyvithyanum, a science on Pulse.			
Vygirthyvithyanum, science on Prognosis.			
Bashatha Rulpum, Materia Medica.			
Sara Lungraga, a general science. Canarese.			
Chucraththa, Sanskrit, Nagary character.			
Vythyanigaudoo,	do.	do.	
Sarungathara,	do.	do.	

Most of the European medicines can be had at Bangalore. There are four shops within the town for the sale of European medicines. The public resort freely to the use of English medicines.

Vaccination has been progressing in the district ever since a separate department was organized for the purpose; old prejudice which the people entertained regarding it have nearly died out, and the only objection now

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raised by them is the slight amount of pain the operation subjects them to. They have, however, still an aversion for vaccinating young children, and this is probably due to the erroneous opinion they hold as to the effect of vaccination.

There are 11 Government Vaccinators in the district and the total number vaccinated by them was 10,321

By Municipal Vaccinator 1,477

By Medical Subordinates 575

	Successful.	Unsuccessful.	Unknown.
Government Vaccinators ...	9,143	378	880
Municipal do. ...	1,354	86	37
Medical Subordinates ...	410	117	48

There are no trained oculists or lithotomists, but there were some quacks some six months ago who pretended a knowledge of the science and imposed upon the ignorance and credulity of the people. I have lately heard of an instance in which a Mussulman oculist of the above description undertook to operate for cataract upon the eyes of a wealthy merchant's wife, and when matters were found to be going wrong decamped.

These men did more harm to the patients they treated than good.

There are no inoculators in the district.

Medical Report.

The south-west monsoon commenced about the end of May and ceased about the end of October. The total rainfall during the period in question was 177 inches and 54 cents.

The public health on the whole has been generally good and likewise the crops.

There were 166 rainy days since the 1st January 1874, and the total fall of rain registered was 177 inches and 85 cents; this is considered a very heavy fall for this part of the coast.

The hottest day during the year was the 1st March, when the thermometer stood at 92 owing to the land wind continuing till late in the day, the minimum thermometer was 66 on the 8th, 9th, and 10th December 1874.

No epidemics prevailed during the year, but there were a few sporadic cases of small-pox, chicken-pox, and measles both in the town and in the district.

The principal diseases were fevers, anasarca, rheumatism, ophthalmia, bronchitis, dysentery, diarrhoea, ascaris lumbricoides, and skin diseases in general.

Extract from Inspection Report by Deputy Surgeon-General W. JOHNSTON, M.D., dated 24th September 1874.

Conservancy of the neighbourhood generally.—The Municipality, under whose control and management this dispensary is, has made due provision for the conservancy of the town and neighbourhood of the dispensary.

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Hospital.—Inspected on the present occasion with all needed minuteness; the internal economy and arrangements for the comfort and well-being of the sick were found to be highly satisfactory.

Principal Diseases.—The following table affords the information called for under this heading:—

—	Out-patients.										In-patients.									
	1870.		1871.		1872.		1873.		1874.		1870		1871		1872		1872		1873	
	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.
Fevers ...	298	...	583	...	689	...	843	1	626	...	15	2	14	3	25	4	19	2	16	...
Cholera ...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
Diarrhœa ...	42	...	82	...	111	1	133	...	135	...	4	1	5	4	6	3	4	1	6	3
Dysentery ...	45	...	61	...	129	...	167	1	134	...	14	6	13	2	10	5	11	...	10	2
Atrophy ...	20	1	52	...	89	...	91	...	94	...	6	4	10	2	6	1	6	2	11	8
Total ...	405	1	778	...	1,018	1	1,234	2	989	...	39	13	43	11	47	13	40	5	43	13

Comparative Table.

Years.	In.		Out.	
	A.	D.	A.	D.
1870	150	39	2,534	7
1871	165	37	3,898	4
1872	169	39	5,196	4
1873	190	21	6,776	2
1874	144	26	3,938	2

Visitors' Book—General tenor of Remarks.—Favourable.

MASULIPATAM.

Extract from Annual Medical Report by Surgeon H. T. Cook, M.B.

Civil Dispensary—Date of Establishment.—There are no records to show the exact date of the establishment of this institution, but on inquiring from the Deputy Collector he informs me that he has had transactions on account of payments, &c., as far back as 1842 when it was called the Civil Hospital.

By whom originated.—Under this head there are also no records to show. The Deputy Collector says: "I am afraid that what records there were must have been destroyed by the cyclone."

How supported.—This institution is supported—

1. By the Municipality.
2. By a contribution of Rupees 1,000 from the Local Fund Board every year.
3. By donations and subscriptions.
4. By sale of medicines.

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The funds of the Municipality, even with the contribution of the Local Fund Board, are not sufficient to meet all the expenses of this institution. This is owing to the gradual increase of in-patients. To meet this the President of the Municipality requested the President of the Local Fund Board to give a higher contribution; and this point is now under discussion, it being contended by the latter Board that, unless the hospital gives aid to a large number of people *out of the town* of *Masulipatam*, a further contribution cannot be given. I was requested to report on this subject, and I find that nearly as many people come from villages to be treated in the hospital as town'speople, and have accordingly represented the same to the President of the Local Fund Board, and the point was settled last Local Fund Meeting, 13th March 1875, when it was decided that the Local Fund Board should meet half the expenses of the Civil Dispensary, as statistics showed that, during the last eleven months, 77 townpeople and 66 villagers were admitted as in-patients.

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Statement of Total Admissions, Average Daily Sick, Total Deaths, and the Medical Officers that have been in charge of the Civil Dispensary Masulipatam, since the year 1847.

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.		Remarks.
	In.	Out.	In.	Out.	In.	Out.	
1847 ...	53	703	$3\frac{327}{365}$	$30\frac{61}{365}$	9	1	H. Young, Assistant Surgeon.
1848 ...	72	1,391	$7\frac{350}{366}$	$59\frac{365}{366}$	9	7	Do. do.
1849 ...	72	2,193	$5\frac{153}{365}$	$60\frac{158}{365}$	8	1	Do. do.
1850 ...	59	2,461	$6\frac{202}{365}$	$61\frac{169}{365}$	5	1	H. Stanbrough, do.
1851 ...	92	3,192	$8\frac{101}{365}$	$65\frac{173}{365}$	10	6	H. Stanbrough from Jan. to Sept. 1851; J. Crawford, Assistant Surgeon, from Oct. to Dec 1851.
1852 ...	108	4,608	$8\frac{211}{365}$	$68\frac{220}{365}$	5	2	J. Crawford, Assistant Surgeon.
1853 ...	198	5,151	$13\frac{136}{365}$	$81\frac{176}{365}$	8	27	Do. do.
1854 ...	238	6,154	$18\frac{110}{365}$	$78\frac{160}{365}$	10	106	Do. do.
1855 ...	206	7,418	$15\frac{198}{365}$	$79\frac{220}{365}$	4	...	Do. from Jan. to Oct. 1855; Assistant Surgeon W. Forrester from Nov. to Dec. 1855.
1856 ...	184	8,487	12	59	8	...	W. Forrester from Jan. to July 1856; Assistant Surgeon H. J. Penny from Aug. to Dec. 1856.
1857 ...	131	8,524	11	48	8	3	H. J. Penny, Assistant Surgeon.
1859 ...	153	6,505	$13\frac{8}{12}$	$50\frac{11}{12}$	12	...	W. Johnston, M.D., Surgeon, and Assistant Surgeon E. D. Evezard from Sept. to Dec. 1859.
1860 ...	201	4,003	$15\frac{1}{3}$	$58\frac{1}{4}$	15	...	E. D. Evezard, Assistant Surgeon.
1861 ...	136	4,385	$9\frac{3}{4}$	$50\frac{1}{3}$	10	...	E. D. Evezard, do.
1862 ...	138	5,101	$6\frac{3}{4}$	$53\frac{4}{12}$	2	3	C. Robertson, M.D., do.
1863 ...	80	3,821	6	$53\frac{1}{4}$	10	8	C. Robertson, M.D., from Jan. to April; Assistant Surgeon T. Lowe from 29th April to 28th May; Assistant Surgeon E. D. Evezard from 29th May to 31st December.
1864 ...	113	3,852	9	43	10	2	E. D. Evezard from Jan. to Feb.; Assistant Surgeon T. G. Howell from March to June; C. Robertson, M.D., from July to December.
1865 ...	84	3,918	8	48	7	4	C. Robertson, M.D., from Jan. to March; Assistant Surgeon G. H. Alexander, M.D., from Apr. to Dec.
1866 ...	87	2,571	$6\frac{1}{4}$	$28\frac{1}{4}$	6	8	G. H. Alexander, M.D., from Jan. to March; Apothecary F. Pearl from April to May; Assistant Surgeon T. E. Ffrench from June to December.
1867 ...	138	2,902	$8\frac{1}{4}$	31	10	1	T. E. Ffrench, Assistant Surgeon.
1868 ...	67	2,615	$4\frac{5}{12}$	$40\frac{5}{48}$	3	2	Do. do. from Jan. to 7th Feb.; Apothecary J. O'Keeffe from 7th Feb. to 21st March; Assistant Surgeon D. Kearney from April to December.
1869 ...	62	2,475	$2\frac{11}{12}$	$41\frac{21}{96}$	5	2	D. Kearney from Jan. to 20th June; Assistant Surgeon F. M. Rickard from 21st June to Dec.
1870 ...	79	2,695	7	$32\frac{1}{4}$	7	38	F. M. Rickard.
1871 ...	89	2,039	$4\frac{5}{42}$	$30\frac{58}{87}$	2	1	Do. from Jan. to 10th April, Assistant Surgeon W. E. Wright from 10th April to 17th Oct.; Surgeon-Major T. Croudace from 18th Oct. to Dec.
1872 ...	65	2,144	$5\frac{4}{12}$	$28\frac{2}{12}$	4	...	T. Croudace.
1873 ...	77	3,111	9	$36\frac{1}{2}$	9	...	Do.
1874 ...	129	6,414	9	$83\frac{1}{2}$	9	...	Do. from Jan. to May 27th; Surgeon J. Fitzpatrick, M.D., from May 27th to August 5th; Surgeon H. D. Cook, M.B., from 5th Aug. to Dec.

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Condition of Building.—The building is in good repair with the exception of the chunam floor which is broken up here and there giving to the building a most dilapidated look. I regret to state that there are no funds at present to repair it; when they are forthcoming it is to be floored with asphalte or brick. The building is, however, perfectly strong and well built.

Epidemics.—No epidemic of any kind has taken place.

Principal Diseases prevalent during the year.—The principal diseases treated during the year were fever, rheumatism, chest and bowel complaints. These were much increased during the cold season, owing to the sudden changes of temperature we experienced.

Extract from Inspection Report by Deputy Surgeon-General W. J. vanSomeren, M.D., dated 30th December 1874.

Principal Diseases.—Malarial fevers are by far the mostfrequent cause of sickness of any single class of disease. There have been 132 in-patients in the year, but of these only 17 have been treated with such fevers, the larger number of such cases appearing in the out-patients' register; constipation also bulks large amongst out-patients. There is a branch dispensary in the Municipal office the returns of which are incorporated with those of the Civil Hospital in its out-patient department, but all the cases of any importance are transferred to the latter, although the Medical Officer visits both daily.

How supported and maintained.—By the Municipality, and to a limited extent by voluntary subscriptions.

Visitors' Book—General tenor of Remarks.—Favourable.

MUNJERY.

Extract from Medical Report by First-class Hospital Assistant T. Arnachellum Pillai, No. 599.

Name of Town.—Munjery is a village or "Amshom" as it is designated in this part of the country, comprising about 17,280 acres, situated to the east of Calicut at a distance of 31 miles. It occupies a low ground surrounded by a range of hills.

Population of Town and District.—The population amounts to 8,094 in the amshom and 2,261,250 in the district according to the Census of the year 1871. The hills are almost bare of trees and afford pasturage to the cattle. The valleys, on the other hand, are rich and fertile, and abundantly supplied with water by the annual fall of heavy rain. There are no clusters of houses: every house stands detached in the middle of its own lands and paddy fields. The residents within a radius of a mile from the dispensary are mostly Government servants employed in the Taluq Cutcherry, Munsif's Court, and school, small shop-keepers, and domestic servants.

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Date of establishment.—1st September 1868.

By whom originated.—The establishment was first founded by G. A. Ballard, Esq., the then Collector of Malabar, to whose energy and to the great assistance rendered him by P. Ramoony Naiyar, the late Tahsildar of this taluq, the dispensary owes its existence.

How supported.—The dispensary is entirely supported by the Local Funds since the Local Fund Act came into operation.

What Medical Officers have been in charge.—From the date of the opening of the dispensary to the present time I have been in medical charge, excepting a period of 16 days, when I had been removed to Hyderabad by G.O.C.C., dated 19th January 1874, and succeeded by Mr. Passed Hospital Apprentice E. C. Radford. Upon a representation made by my superiors to the authorities, my removal was cancelled, and I was ordered to return and resume the medical charge of the dispensary.

In each year since opening, or as far back as possible, give the following data:—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1868-69	105	1,001	17	20½	6	1
1869-70	207	1,527	18¾	21¾	9	6
1870-71	288	1,957	23	23½	14	10
1871-72	305	2,218	24¾	28¼	12	9
1872-73	445	2,540	36¼	25	13	18
1873-74	480	2,945	31¼	34	16	3
1874-75	652	4,172	45½	28½	33	23

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Statement showing the Dimensions and Accommodation in the Civil Dispensary at Munjery.

	Rooms.	How occupied.	Dimensions. Length. F.	IN	Breadth. F.	IN	Height of Wall. F.	IN	Superficial Area of each Room. FT.	IN	Cubic Contents of each Room. FT.	IN.	Number of Cots or Beds in each Room.	Number of Square Feet in each Bed.	Cubic Contents thus afforded.	Openings. Ventilation.	Windows. Number.	Height. F.	IN	Width. F.	IN	Doors. Number.	Height. F.	IN	Width. F.	IN	Open Arches to djoining Rooms.
1	Male Ward ...	Under construction ...	16	...	16	...	12	...	256	...	3,072	...	6	42·7	512	By doors and windows.	4	4	1	3	1	2	6	3	3	10	Surgeries Nos. 1 and 2 communicated by an open arch 12′ × 8′ 3″.
2	Do. ...	Do. do. ...	16	...	16	...	12	...	256	...	3,072	...	6	42·7	512		4	4	1	3	1	2	6	3	3	10	
3	Police Ward...	Police Sick	16	...	16	...	12	...	256	...	3,072	...	6	42·7	512		3	4	...	3	...	3	7	...	4	...	
4	Male Ward ...	By Nairs...	16	...	16	...	12	...	256	...	3,072	...	4 cots and 2 floor beds.	42·7	512		2	4	...	3	...	3	7	...	4	...	
5	Surgery No. 1.	For compounding medicines and Office.	12	...	8	...	18	...	...	...	...	...	...	...	...		1	6	...	...	...	1	6	2	6	...	
6	Do. No. 2.	Medical Stores... ...	19	6	7	4	7/12	6	...	...	...	...	...	...	...		2	1	6	3	...	2	6	...	3	6	
7	Male Ward ...	By Moplahs and Thiers ...	16	...	16	...	12	...	256	...	3,072	...	4 cots and 2 floor beds.	42·7	512		2	4	...	3	...	3	7	...	4	...	
8	Do. ...	By Moplahs	16	...	16	...	12	...	256	...	3,072	...	6	42·7	512		3	4	...	3	...	3	7	...	4	...	
9	Female Ward.	By male Moplah patients.	16	...	16	...	12	...	256	...	3,072	...	6	42·7	512		4	4	1	3	1	2	7	...	4	...	
10	Do. ...	By female do. do.	16	...	16	...	12	...	256	...	3,072	...	6	42·7	512		4	4	1	3	1	2	7	...	4	...	
11	Verandah Room.	Under construction ...	9	...	7	...	7/12	6	...	...	...	...	...	...	...		1	4	...	3	...	1	5	3	2	10	
12	Do. ...	Do. do. ...	12	...	7	...	7/12	6	...	...	...	...	...	...	...		1	4	...	3	...	1	5	3	2	10	
13	Do. ...	Store-room for Police ...	10	10	10	7	7/12	6	...	...	...	...	...	...	...		1	1	6	...	...	1	6	...	3	6	
14	Do. ...	Bath-room for do. ...	10	10	10	7	7/12	6	...	...	...	...	...	...	...		1	1	6	3	...	1	6	...	3	6	
15	Do. ...	Bath-room for Dispensary male patients.	10	10	10	7	7/12	6	...	...	...	...	...	...	...		1	1	6	3	...	1	6	...	3	6	
16	Do. ...	Store-room for medicines.	10	10	10	7	7/12	6	...	...	...	...	...	...	...		1	1	6	3	...	1	6	...	3	6	
17	Do. ...	By Chermars	10	10	10	7	7/12	6	117	52	865	360	2 cots.	58·8	432·7		1	1	6	3	...	1	6	...	3	6	
18	Do. ...	Do.	10	10	10	7	7/12	6	117	52	865	360	2 cots.	58·8	432·7		1	1	6	3	...	1	6	...	3	6	
19	Do. ...	Store-room for bedding and clothing.	10	...	7	2	7/10	6	...	...	...	...	...	...	...		1	4	1	3	1	1	6	...	3	10	
20	Do. ...	Bath-room for females ...	12	...	7	2	7/12	6	...	...	...	...	...	...	...		1	4	1	3	1	1	6	...	3	10	

The dispensary is situated on an elevated ground facing the road leading to Wynaad. It is a row of buildings connected to one another by covered passages. The compound measures 300′ × 232′.

Statement showing the Dimensions and Accommodation in the Civil Dispensary at Munjery—(Continued).

	Rooms.	How occupied.	Dimensions. Length.		Breadth.		Height of Wall.		Superficial Area of each Room.		Cubic Contents of each Room.		Number of Cots or Beds in each Room.	Number of Square Feet in each Bed.	Cubic Contents thus afforded.	Openings. Ventilation.	Windows. Number.	Height.		Width.		Doors. Number.	Height.		Width.		Open Arches to adjoining Rooms
			F.	IN	F.	IN	F.	IN	FT.	IN	FT.	IN.		FT.	FT.			F.	IN	F.	IN		F.	N	F.	IN	
21	Cook-room ...	Cook-room for dispensary.	19	...	11	...	6	6	...	...	...	...	...	...	...	By doors, windows, and pigeon holes.	1	1	5	8	1	1	5	4	2	1	Surgeries Nos. 1 and 2 communicated by an open arch 12′ × 8′ 3″.
22	Male Privy ...	Used by Police and Dispensary sick.	13	6	8	6	6	...	...	...	...	...	...	...	...	By doors, windows, and floor arches 2′ × 1′ 10″	...	...	...	...	...	1	5	5	2	1	
23	Female Privy.	Used by female sick ...	8	6	8	6	6	...	...	...	...	...	...	...	...	Do. ...	...	...	...	...	...	1	5	5	2	1	
24	Dead-room ...	Dead-room	14	...	8	6	6	6	...	...	...	...	...	...	...	By doors and windows.	3	1	4	3	11	1	5	5	2	9	

The dispensary is situated on an elevated ground facing the road leading to Wynaad. It is a row of buildings connected to one another by covered passages. The compound measures 300′ × 232′.

If there be any Police Hospital or Lying-in Hospital, their history and good doing.—There was a Police Hospital at Mallapooram, but it has been removed to Munjery on the establishment of the dispensary at the latter station. The hospital consists of a ward of 16 feet square with verandahs on three sides and bath and store rooms on the eastern side. It is in the dispensary premises, with which it is connected by a covered passage of 20 feet long. The number of patients under treatment has been 82 and consisted chiefly of fever of an intermittent type, dysentery, and dyspepsia, and three proved fatal, one from remittent fever, another from pneumonia, and the third from snake-bite. It sometimes happens that Policemen distantly stationed seek for aid from the hospital only in the last stage of the disease; consequently the attempt to restore them to health proves ineffectual. There is no Lying-in Hospital here, nor is there any demand in the present state of the people.

State of Medicine among the Native Practitioners, Hakeem or Tabib, Pundit or Vythian, or others.—The native practitioners are composed of men of all castes, chiefly of an inferior class of people called the "Valen caste," and devoted to Vythian profession. They are scattered throughout the country in very large numbers within an easy reach of the people. As soon as they are able to repeat a few verses in the Sanskrit language they turn out as Vythians. There are in fact a very few men who have had a thorough education in medicine; hence their prognostic and diagnostic inability in complicated and serious cases leave them no other alternative but to make repeated trials of medicines until they accidentally come to the curative remedy. Their medicines wholly consist of articles procured from the vegetable kingdom, and made into decoctions, powders, confections, pills, and medicated oils.

The prescription contains numerous articles, some of which are probably inert or add very little to the efficacy of the active ingredients. They are partly procured from the local bazaars, and partly dug out from the adjoining lands. Minerals are not much needed. Salivation is often had recourse to for the most trivial illness, the bad results from this has proved injurious to their patients. When such is the state of the medicine it is needless to describe their surgery in extenso. Simple fractures have often resulted into mortification from tight bandaging, and they are not able to arrest the hæmorrhage from the smallest arteries. Caustics are indiscriminately used in every kind of tumors.

What European Medicines are available in the bazaar, and to what extent do Native Practitioners or the people use them?—Acacia gummi, aloe, alumen, ammoniæ hydrochloras, sodæ biboras, camphora, catechu, cubeba, cupri sulphas, cambogia, ferri sulphas, galla, pot. nitras, and opium seldom or never used.

State of Vaccination.—The people of this country, as far as I am acquainted with them, have great aversion to being vaccinated. They will not submit to the operation, although it has proved to them from time to time the perfect immunity from the disease enjoyed by those who have been vaccinated. Their invariable answer is, "It is not our custom." There

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have been three vaccinators employed in the taluq, one permanently and the other two temporarily. I cannot confidently say that they conducted their duties satisfactorily. The generality of the people being ignorant and very superstitious, it is desirable, for the successful carrying out of the operation, that the vaccinators should be men of respectable caste and natives of the district, who can have access to all classes of people. I have hardly any time to attend to it, all my energy and attention being required to be directed to the cares of the dispensary.

Are there any Native Oculists, or Lithotomists in the district?—There are a few native oculists. Their chief operation is removing pterygium and other simple operations. As for lithotomists there are none, the operation being unknown to the people

Popularity of the Dispensary.—There is an increase of 172 among the in and 1,227 among the out patients. The steady increase from year to year shows the high estimation in which the dispensary and the treatment afforded are appreciated by the population, not only of the station, but by the surrounding country. The percentage of females to males admitted was 6·65 among the in-patients and 27·84 among the out-patients. The great reduction among the female in-patients is due to the want of sufficient space, although two wards are specially built to accommodate them, six in each; but from the large number of admissions of male patients their wards are also sometimes occupied by the male patients, and hence their admission is refused.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 26th February 1875.

Condition of building.—During the period that has elapsed since the submission of the inspection report of this institution, on the 8th January 1874, action has been taken on the suggestion then made to provide hospital accommodation for the sick of the Police Force on duty in the station and taluq by the addition of another detached block similar in every respect to the like buildings which form the dispensary. But even with this addition space will still be wanting; for so great is the popularity of the hospital, which has rewarded the professional ability and worth of the present Superintendent, that the wards are now overcrowded, far too much so, not with the usual pauper class, who to such an extent throng so many of our dispensaries less for treatment than for food, but with the actually sick men stricken with disease, and whose anticipations, resting on the known ability of their doctor, are not often disappointed. Inspected on the present occasion with the required minuteness; the internal arrangements and hospital economy were all that could be desired, order, cleanliness, and regularity being everywhere present.

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MAYAVERAM.

Extract from Annual Medical Report by Passed Hospital Apprentice H. M. Sherman.

The taluq of Mayaveram, situated in the north of the Tanjore District, contains a population of 221,749 souls. The population of the Municipal Town of Mayaveram amounts to 22,579. The inhabitants are chiefly Hindus of the Sudra caste, but there are also a large number of Brahmins. The number of vythians practising within the town is large. The medicines used by them are generally very impure, and often prove injurious. Mercury is very extensively employed, particularly two of its preparations—calomel and corrosive sublimate—both of which are procurable in the bazaars. There are no European medicines available in the bazaar. Surgery is rarely practised, and is only resorted to by vythians of the Barber caste. There are no oculists or lithotomists among them. Vaccination is successfully carried out by means of vaccinators employed by the Municipality and Local Fund Board. Except in the case of the educated, the generality of the people have no faith in its virtues, although they submit to the operation.

The dispensary is situated about the middle of the town, and was till very lately intended for out-patients only. It is believed to have been originated about fifty years ago by Mr. Montgomery, then Sub-Collector, but there are no records either in the hospital or in the Taluq Cutcherry to throw any light on the subject. The dispensary was subsequently taken up by Government in connexion with the Division Jail which was then established. After the establishment of the Municipality the dispensary was handed over to them, and is at present mainly supported by them, a portion of the medical officer's salary being derived from Government and an annual grant of Rupees 600 from the Local Fund Board. The building originally consisted of two rooms, each 16 by 13 feet, and a kitchen. One of them is in use as a surgery and the other as a police ward. Two additional rooms were added by the Municipality in the early part of this year: the larger, 39 by 15 feet, is intended for male, and the smaller, 26 by 15 feet, for female in-patients. There is no lying-in ward. The establishment at present consists of one compounder, but will be increased by the addition of a cook and scavenger as soon as the bedding and clothing for in-patients are ready.

The records in the hospital date from the year 1868, the older records having been sent away to Tanjore on the removal of the Division Jail from Mayaveram The following data are recorded:—

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Years.	Total Admissions.		Average Daily Sick.		Total Deaths.		Remarks.
	In.	Out.	In.	Out.	In.	Out.	
1867	...	503	...	45$\frac{1}{2}$	...	...	For October, November, and December 1867.
1868	...	2,818	...	20$\frac{3}{4}$	...	6	The Medical Officers who have been in charge since the year 1868 are: Third-class Hospital Assistant Maduraynagum Pillay, No. 736; First-class Hospital Assistant R. Davasagayam Pillay, No. 467; Passed Hospital Apprentice H. M. Sherman.
1869	...	2,429	...	24	...	6	
1870	...	2,187	...	24	...	...	
1871	...	2,333	...	25$\frac{1}{4}$	...	3	
1872	...	2,863	...	27$\frac{1}{2}$	...	2	
1873	...	2,714	...	28$\frac{1}{2}$	...	4	
1874-75 ...	...	2,244	...	34$\frac{7}{16}$	...	4	

The date of the establishment of the Police Hospital is uncertain. It seems to have been shortly after the organization of the Police Force. The records date from the month of November 1867. At present the hospital consists of one room only; it contains six cots, but it is very rare for more than two cots to be occupied at one time. The health of the Police Force generally speaking has been good.

The principal diseases prevalent during the year were fever, rheumatism, syphilis, conjunctivitis, diseases of the digestive system, and cutaneous diseases.

The hospital building has been extended, two additional wards having been added, one intended for male and the other for female patients. There is no lying-in ward at present.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 11th January 1875.

Hospital.—The following quinquennial comparative table gives at a glance the working of the institution, and it will be seen that a very considerable falling off in the number of applicants for relief occurred during the lapsed year—a falling off which truth obliges me to impute to the fact of the dispensary having passed from Native into East Indian hands on the 1st February last. But as I have only so very recently discussed this subject in my Inspection Report for the Sheally Dispensary, and as the remarks therein submitted are, *mutatis mutandis*, equally applicable to this, I forbear from going on the same ground here.

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Years.	In-patients.		Out-patients.	
	Admitted.	Died.	Admitted.	Died.
1870	Nil.	...	2,187	...
1871		...	2,333	3
1872		...	2,863	2
1873		...	2,714	2
1874		...	2,018	2

NAMKAL.

Extract from Annual Medical Report by Third-class Hospital Assistant B. Muthoorapershaud, No. 920.

The climate of the past year was rather hot, and the want of rain has been felt by the people. The crops were successful this year; in the month of March 1875 had several showers of rain known as "mango showers."

The water-supply is sufficent, abundant, and fit for drinking purposes. The tank known as Kamalalayum is the main source of water-supply in the Namkal town, and not been dried up.

The health of the inhabitants has been pretty healthy. No epidemic diseases prevailed in the town and in the surrounding villages; only one case of measles made its appearance in the village. The principal diseases during the year were febricula, ague, chronic rheumatism, dyspepsia, abscess, ulcer, boil, constipation, and guinea-worm.

The number of out-patients during the year is rather less to that of the corresponding year. Out-patients in the district of the rich and poor classes seek for treatment at all parts of the day and night. The number of in and out patients treated during the year—

In-patients...	45
Out-patients	2,527
Total ...	2,572

The hospital is now under repair; it is clean and in good order; accommodation sufficient. Latrine is kept clean and in good order. The dry-earth system is carried out. The sanitation of the town is pretty fair. The streets kept clean, and daily sweeping removed to a distance.

The President of the Local Fund Board made his annual inspection and ordered to build a house in the compound of the hospital for the Apothecary. It will, I believe, be sanctioned in the next meeting.

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Extract from Inspection Report by Deputy Surgeon-General W. JOHNSTON, M.D., dated 20th March 1875.

Condition of building.—Inspected on the present occasion with due care. Satisfactory evidence was afforded of the care and attention bestowed on his duties by the Medical Officer in charge.

NEGAPATAM.

Extract from Annual Medical Report by Surgeon J. B. THOMAS.

Name of Town, Population of Town, and of District.—Negapatam contains with the adjacent town of Nagore, distant 4 miles, but included in one Municipality, 48,525 inhabitants.

Date of establishment.—The Civil Dispensary was established in April 1864 by private subscriptions raised under the patronage of the Sub-Collector (C. G. Plumer, Esq., M.C.S.)

A sum of Rupees 7,000 was collected and invested in Government Security. Of the capital, a sum of Rupees 2,103-10-10 was withdrawn to pay for the erection of the building erected for the Apothecary's quarters, a Warrant Medical Officer being then in charge of the station.

The funds are now in the trust of the Municipality, who defray all the monthly expenses of servants, contingent charges and dieting, which makes an average total of Rupees 90.

Until the removal of the Civil Court from Tranquebar in August 1874, the medical charge of the station was placed under a Warrant Medical Officer, and the following have successively held charge, *viz.*:—Messrs. Callaghan, Chadwick, Pritchard, and Trutwein.

Negapatam is now a second-class civil station, and the Zillah Surgeon of Tranquebar was gazetted to be Zillah Surgeon of Negapatam in May 1874.

The following table shows the total number of admissions for each year from 1865-66:—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.		Remarks.
	In.	Out.	In.	Out.	In.	Out.	
1865-66 ...	156	1,885	5	33	11	3	
1866-67 ...	196	3,538	8	44·5	17	4	
1867-68 ...	182	4,143	7·26	39·32	18	49	
1868-69 ...	137	6,007	6·35	43·63	19	4	
1869-70 ...	142	6,063	...	...	10	11	Include Europeans, &c.
1870-71 ...	123	4,460	4·55	39·10	9	3	
1871-72 ...	139	3,672	5·64	56·78	20	2	
1872-73 ...	155	5,887	7·67	82·74	9	3	
1873-74 ...	146	4,587	6·99	67·87	11	1	
1874-75 ...	171	7,750	7·13	68·55	15	2	

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The hospital consists of a large building with three large wards and four small verandah rooms, the dimensions of which are shown in the accompanying paper (A).

A.

Dimensions of the Hospital and detached Bungalows of the Civil Dispensary, Negapatam.

No.	Particulars.	Measurement. Length.		Measurement. Breadth.	
		FEET.	INCHES.	FEET.	INCHES.
	Hospital building	124	...	38	...
1	Middle room of the Hospital (Police ward) ...	20	...	18	...
1	Southern room do.	40	...	18	...
1	Northern room do.	40	...	18	...
2	Rooms in the corner of Western Verandah, each.	10	...	6	6
2	Rooms do. of Eastern do do.	10	...	6	6
	Verandah	...	...	8	...
	Lying-in Wards	48	...	27	...
2	Rooms of the Lying-in Wards, each	16	...	12	...
2	Rooms in the corners of do. do.	11	7½	4	9
	Verandah	4	9	4	6
1	Cook-house	29	6	12	...
	Including wall	32	6	15	...
	Dead-house	20	6	17	...
1	Front room of dead-house	14	...	6	...
1	Rear do.	14	...	10	...
2	Privies, each...	12	...	7	...
	Apothecary's Quarters	81	6	34	6
1	Hall (Surgery)	28	...	16	...
2	Bed-rooms, Office and Dispensary, each	16	...	16	...
2	Bath-rooms, do.	6	...	5	3
2	Dressing rooms, Waiting rooms, do.	14	...	6	...
1	Godown	8	...	6	...
1	Butler's pantry	8	...	6	...
1	Office room	6 12	... ...	6 6	... ...
	Verandah	...	...	7	9
	Cook-room including walls...	25	...	21	...
1	Cook-room	10	...	10	...
1	Godown	10	...	10	...
	Verandah	...	...	7	9
4	Stable	30	...	19	6
1	Privy	10	6	9	6

A lying-in hospital with two wards and two bath-rooms, and a detached bungalow with three rooms, three bath-rooms, and two small verandah rooms. The out-houses consist of three latrines, two cook-houses, two rooms to each, and a dead-house.

The central room of the main building was formerly used as a dispensary and surgery for out-patients, but was inconveniently small and afforded no privacy for examining patients. It is now occasionally occupied by sick Police, who have no special hospital in the town. A monthly rent of Rupees 12 is charged.

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The detached bungalow has been converted into the surgery, office, reception rooms for out-patients and ward for European patients. A great advantage has been gained by this arrangement, as out-patients do not crowd the hospital, and respectable people who come to consult the Medical Officer are not herded with the crowd, but have decent accommodation whilst waiting.

The returns show how much the out-patient system is appreciated, as in England, a great number of very respectable people avail themselves of gratuitous advice, every one in forma pauperis being exempted from payment.

The lying-in hospital was but seldom used as such, for no midwife was engaged for the hospital until the last quarter of the year. As a temporary measure, with the sanction of the Municipality, the Hospital Assistant posted to the dispensary occupies the lying-in ward, as it is essential that he should reside near the hospital, and no house has been available since his coming here. A proposition with plans and estimates for altering a building, originally intended for a coach-house into quarters for the Hospital Assistant, have been forwarded to the Municipality, but delay has occurred in the prosecution of the work.

The hospital is far from supplying all the requirements of the people; separate small houses with enclosures should be erected for high caste persons, and a venereal ward for females would prove an unspeakable benefit. At present there is only one ward for women, and as restriction has been placed upon the admission of prostitutes, whose presence deters respectable females from applying for admission, the number of female patients treated as in-patients has considerably diminished.

There are, as far as I can ascertain, no competent native practitioners in the towns of Negapatam or Nagore. One man has the reputation of being able to cure snake-bites, another quack is the vendor of European medicines; this latter individual, on the introduction of gurjon oil as a cure for leprosy, made large purchases from Bombay and sold the drug, but I have not heard if the speculation was profitable.

The principal European medicines procurable in the bazaars are quinine (a large amount of which is probably spurious), chlorodyne, the various patent medicines as Holloway's pills and ointment, and the so-called purifiers of the blood, which are much esteemed by the natives of all classes who attribute without any compunction their various ailments to venereal diseases.

Vaccination is extensively practised by the Municipal vaccinator, who was for a long time paid on the result system at the rate of four annas each successful case; it was sufficiently profitable to permit his paying a trifle to each child brought to be vaccinated. The services of a vaccinatrix were entertained especially for the Mahomedan population of Nagore, but were discontinued, as the woman was unable to perform her duties from domestic reasons (pregnancy).

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The people don't object to vaccination, but chiefly regard it as a matter of form. In epidemics of small-pox, they are anxious for the operation.

Inoculation being an offence punishable by law has no recognised supporters. Lithotomists would have no occupation in this district. There are no oculists resident.

The climate and season of the past year have not been remarkable for any particular changes. The quantity and quality of food has been good. A few sporadic cases of cholera have occurred in the district. A native craft from Colombo arrived on the 18th March with 135 coolies, three cases of cholera had occurred on board, but the passengers were placed in a quarantine camp and detained to the end of the month, ten days elapsing without any fresh case.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 25th January 1875.

Condition of building.—The only change that has been carried out in the internal economy of the hospital has been since date of last inspection the transfer of the surgery, receiving, dispensing and store rooms, to the bungalow recently built for the Apothecary in the hospital compound, but which is now no longer required for this purpose, the charge of the hospital having recently passed into the hands of the Civil Surgeon on his transfer from Tranquebar.

NELLORE.

Extract from Annual Medical Report by Surgeon-Major E. E. Lloyd.

Name of Town.—Nellore. Population of town 29,922, of whom 14,879 are males and 15,043 are females. The population of the whole district is 1,373,448.

Date of establishment.—The present dispensary was built in 1850 by Captain deButts by public subscription and Government grant. But previously to this there was a thatched building, on the same site, formerly a paper factory, which had been in use for some few years back for this purpose, the records going back to 1848.

By whom originated.—Assistant Surgeon Joseph Myers Jackson.

How supported.—By Municipality and by the Rajah of Venkatagherry.

What Medical Officers have been in charge.—Assistant Surgeon J. M. Jackson (now retired) from 1844 to 1853; Assistant Surgeon H. Young (now Deputy Surgeon-General) from 1853 to 1860; Assistant Surgeon H. Adam (now Surgeon-Major) from 1860 to 1865; Assistant Surgeon E. E. Lloyd (now Surgeon-Major) from 1865 to present date.

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Data required since opening.

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1848	161	944	$12\frac{1}{2}$	18	13	2
1849	179	1,190	13	$13\frac{1}{2}$	21	11
1850	179	1,429	$14\frac{1}{2}$	17	22	8
1851	218	1,693	$14\frac{1}{3}$	$18\frac{1}{2}$	21	5
1852	191	1,428	$15\frac{1}{2}$	18	25	11
1853	369	2,578	$30\frac{3}{8}$	25	20	18
1854	387	3,484	$30\frac{1}{2}$	$30\frac{1}{2}$	35	21
1855	362	5,766	$32\frac{1}{2}$	47	36	51
1856	262	6,002	$29\frac{1}{4}$	$43\frac{1}{2}$	23	56
1857	335	4,930	28	$32\frac{1}{4}$	20	45
1858	375	3,722	$35\frac{7}{12}$	$37\frac{1}{12}$	19	50
1859	503	3,719	52	69	33	49
1860	588	4,906	50	$75\frac{1}{2}$	23	30
1861	433	5,355	$22\frac{1}{2}$	61	18	32
1862	368	4,663	$16\frac{1}{2}$	53	14	6
1863	319	3,420	16	55	7	10
1864	607	3,774	30	49	23	4
1865	254	2,094	$16\frac{3}{4}$	27	22	2
1866	280	3,271	$17\frac{3}{4}$	24	18	1
1867	300	4,315	$17\frac{1}{2}$	$16\frac{1}{2}$	17	...
1868	315	5,074	$17\frac{3}{4}$	$28\frac{3}{4}$	28	3
1869	329	4,956	$16\frac{1}{2}$	$26\frac{1}{4}$	25	5
1870	320	4,112	$17\frac{1}{96}$	$24\frac{39}{48}$	23	2
1871	284	4,171	16	27	18	7
1872	262	4,833	$16\frac{5}{8}$	$27\frac{31}{48}$	11	4
1873	310	4,177	16·58	26·64	23	2
1874 (1st quarter)	83	991	18	27·03	5	...
1874-75	336	4,010	15·27	28·71	30	3

Dimensions of Hospital.

Rooms how occupied.	Length.		Breadth.		Height of Wall.		Superficial Area of each Room.		Cubical Contents of a Room.		No. of Cots usually in a Room.	No. of Square Feet to each Bed.	Cubical Contents thus afforded.
	FT.	IN.	FT.	IN.	FT.	IN.	FT.	IN.	FT.	IN.			
Consulting-room ...	18	0	12	0	12	6	216	0	2,700	0	...	...	...
Surgery	21	0	18	0	12	6	168	0	2,100	0	...	...	...
Male ward	46	6	18	0	15	6	837	0	12,973	6	14	60	$41,639\frac{3}{4}$
Female do.	24	0	18	0	15	6	432	0	6,696	0	7	60	$41,639\frac{3}{4}$
Room for labor cases...	8	6	8	6	15	6	72	3	1,119	$\frac{7}{8}$	1	60	$41,639\frac{3}{4}$
Room for isolated do. ...	8	6	8	6	15	6	72	3	1,119	$\frac{7}{8}$	1	60	$41,639\frac{3}{4}$
Female bath-room ...	8	0	6	6	10	0	52	0	520	0	...	...	...
Store-room	12	0	10	1	12	6	121	0	1,512	6	...	...	...
Operating-room ...	12	0	11	10	12	6	142	0	1,775	0	...	...	...
Male bath-room ...	8	0	6	6	10	0	52	0	520	0	...	...	...
Cook-house	15	0	12	0	14	0	180	0	2,520	0	...	...	...
Dead-house	18	0	12	0	15	0	216	0	3,240	0	...	...	...

Any Police Hospital.—There is a separate hospital for Police.

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State of Medicine among Native Practitioners.—There are said to be upwards of 60 individuals in this town practising the profession of medicine, in addition to the barbers and potters who undertake the minor operations of surgery and fractures; out of these there are but three Hakeems or Mussulman Practitioners and three Vythians or Hindus who really profess to make a study of medicine, having their own books and shastras to guide them, and who diagnose and treat their cases according to what they read in these books. The chief medicines in the mineral kingdom used by them are preparations of mercury, cinnabar, corrosive sublimate, calomel, and arsenic, all of which, I am given to understand, are used very largely in all diseases, such as fevers, rheumatism, dropsy, diseases of chest, &c. They also use many vegetable drugs made up in the form of bolus, decoctions, and confections, but great ignorance prevails amongst them, none being properly educated for their work. The rest of the practitioners as mentioned above are all mere quacks or charlatans who gain a livelihood, more or less precarious, by retailing medicines made up by others in the form of pills, boluses, &c., not knowing anything of their composition, but giving them indiscriminately to all comers and in all cases of sickness, thereby often causing great injury or even death.

There are no private practitioners in this town who have had medical education in Europe or at any of the Presidency Medical Schools.

What European Medicines are available in the Bazaar.—Croton, mercury impure, arsenic, aconite, aloes, sulphate of antimony, assafœtida, bile-ox, catechu, bluestone, calomel, camphor, cinnabar, cubebs, dhatura, galls, green ginger, honey, horse-raddish, hemp, lime, musk, opium, quinine, and sulphate of iron.

State of Vaccination, and view of the People as to its virtues.—Vaccination is kept up to a certain extent throughout the district by means of a body of vaccinators who work under a Superintendent, but much prejudice still prevails among all classes, high and low. Inoculators none.

Extract from Inspection Report by Deputy Surgeon-General W. J. VANSOMEREN, M.D., dated 9th January 1875.

Hospital.—The water-supply from a well in the front compound not clean, but good to the taste. I have recommended the use of a filter.

Principal Diseases.—Fevers, rheumatism, diseases of digestive and cutaneous system have occurred most frequently. There have been 28 deaths in hospital among 345 patients, and the largest number of deaths under any one head is 9 from general dropsy, under diarrhœa there were 3, the next highest number.

Visitors' Book—General tenor of Remarks.—Favourable.

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Branch Dispensary, Nellore.

Extract from Annual Medical Report by Sub-Assistant Surgeon S. W. Sethambarum.

In the year 1864, when Mr. Dykes was the Collector, and Dr. Adam the Zillah Surgeon, of Nellore, the Government having considered that the time had come for the local public to defray the expense of their own sick poor, an order was received by the Collector that all dispensaries which were unassisted by the public should be closed. On the receipt of the order a general meeting was convened by the Collector of the leading members of the public, and the result was that a subscription was raised and about Rupees 4,000 were collected. At the same time the Collector applied to the Zemindar of Vencatagherry for help, who came forward to pay the expenses of feeding, clothing, &c., of the poor in the Civil Dispensary. The Zemindar bearing all the expenses of the in-patients in the Civil Dispensary, the Collector, Mr. Dykes, in consultation with the Civil Surgeon, Dr. Adam, took advantage of this opportunity to open a branch dispensary for out-patients in the heart of the town of Nellore for the benefit of the residents of the town, a population of 30,000, and thus utilized the sum collected by subscription, *viz.*, Rupees 4,000, the interest of which should go to defray the expenses of a small establishment consisting of a compounder, a sweeper, and a water-woman, and the cost of perishable articles. This was communicated to the Government, who approved of it and contributed European medicines and hospital necessaries and allowed a Medical Officer. The Government building occupied by the old Garrison Hospital in the cutcherry square was given, part for the branch dispensary and the other part for the lungarkhana. On the 1st May 1864 the dispensary was opened and Native Surgeon T. Ruthnam Mudaliar, who was doing duty in the Civil Dispensary, took charge of it. He continued to do duty up to the 22nd February 1866, when he was transferred at his own request to Pollachy. From 22nd February up to 2nd August 1866 Pensioned Dresser P. Chinniah did duty as a temporary measure. From him I took charge on the 2nd August 1866, and have continued to do duty up to date. The present Collector, finding the old system of giving raw rations to the poor in the lungarkhana mistaken in principle, insisted that all the recipients of lungar should be inmates, and they must be supplied with cooked food, clothing and bedding, &c. This change has been practically found to be very wise, and very useful and convenient to the poor. This change requiring additional accommodation, the part occupied by the dispensary was given over to lungarkhana and a separate building was bought in the same cutcherry square and given to the dispensary, which is the present building occupied.

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Years.	Out-patients.			Remarks.
	Total Admissions.	Average Daily Sick.	Total Deaths.	
1864	3,462	46·5	3	Calendar years.
1865	5,076	46·	27	
1866	5,360	43·	6	
1867	5,352	30·5	1	
1868	6,382	32·5	2	
1869	6,175	35·939	...	
1870	6,099	33·666	10	
1871	6,119	35·986	3	
1872	6,163	33·788	1	
1873	6,403	34·780	4	
1874 / 1875	6,472	33·907	4	Official year.

Dimensions of the Hospital Building.—Surgery $16' \times 12' \times 9\frac{3}{4}'$, three doors $6\frac{1}{4}' \times 3\frac{3}{4}'$, one window $4\frac{1}{2}' \times 3\frac{1}{2}'$, visitors' room $20' \times 12' \times 9\frac{3}{4}'$, five doors $6\frac{1}{4}' \times 3\frac{3}{4}'$, two side rooms $12' \times 5\frac{3}{4}' \times 7'$, two doors $6\frac{1}{2}' \times 2\frac{1}{2}'$, two windows $3\frac{1}{2}' \times 2\frac{3}{4}'$, two windows $4\frac{1}{3}' \times 3\frac{1}{2}'$, two bath-rooms $6\frac{1}{4}' \times 6' \times 7'$, two doors $6' \times 2\frac{1}{4}'$, east verandah $51\frac{1}{2}' \times 7' \times 7'$, and west verandah $37' \times 7' \times 7'$.

A Lying-in Hospital was opened in November last and sanctioned by Government. It is entirely supported by the Municipality and Local Fund Board, receiving no sort of aid from the Government. A certificated midwife is the matron of the institution. Up to date there were 15 admissions, and 7 pupils are being trained to send out to different taluqs as soon as they are found fit for practising independently.

Only the low classes of the people avail themselves of the benefit of the institution. The midwife is liked by all classes of people. She has many private calls, and is making herself useful.

Since my arrival in this place I have had many opportunities of knowing the efficacy of native medicine and of coming across many native practitioners in connexion with cases which they were attending and, as a last resource, I was called to see. It is well known that in surgical cases their inferiority has been admitted even by the practitioners themselves, though a few of the old potters still think that they can do as much as the European practitioners. As far as medicine is concerned they think they are far superior to European practitioners, inasmuch as they imagine that the latter have no knowledge of the native constitutions, and no knowledge of divining from the state of the pulse. It is, however, to be admitted that they have some good prescriptions which, if used in suitable cases, will prove efficacious. About diagnosing cases they are ignorant. They have got some formularies and certain blind rules which they do not bother their heads about understanding. Medicine as a science is unknown to them. Almost all the practitioners are illiterate; the qualifications necessary for a native practitioner are the possession of a book containing formularies, getting by heart certain rules for feeling pulse and vague description of diseases, learning how to compound the several ingredients of the prescriptions, possession of

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a couple of mortars and pestles and jars, &c., and, last, the possession of a series of portable pill-boxes fitting one into another. Therefore it is not to be wondered that this small town has more than fifty practitioners as far as I was able to ascertain. I dare say there are half as many more without my knowledge in different corners.

The European medicines that can be had in the bazaar are but few. Calomel and quinine, the purity of which no one can guarantee, are available, and are extensively used by native practitioners. The mineral acids, chiefly used for electroplating, arsenic which is used for fevers, aconite used as one of the ingredients of purgative pills, are also available. Epsom salt, impure Glauber's salt, opium, and sometimes castor oil, can also be had in the bazaar.

Vaccination, introduced many years ago, has gained a good deal of ground in this town. The people of the town, as a rule, have understood its virtue in preventing, or at least moderating, the severity of small-pox.

The Municipal Vaccinator is always at work in the town. There are no inoculators in the town. There are some, I hear, in the taluqs yet.

There are no native oculists in the town. Some Mahomedan oculists periodically visit the town and destroy many an eye of poor, chiefly old people. Their operation is always for cataract, which they depress very rudely, and almost always to the detriment of vision. I met a few since my arrival in Nellore, and found that they were totally ignorant of the structures of the eye.

Extract from Inspection Report by Deputy Surgeon-General W. J. vanSomeren, M.D., dated 8th January 1875.

Visitors' Book—General tenor of Remarks.—Favourable.

NUNDIAL.

Extract from Annual Medical Report by Second-class Hospital Assistant Thummon Sing, No. 696.

Name of Town, Population of Town and of District.—The town of Nundial is situated on the high way from Kurnool to Cuddapah at a distance of about 45 miles from the former and 75 from the latter, and between two of the many parallel spurs of hills which stretch out from the broken range of the Eastern Ghauts. The one that lies about ten miles to the east is called by the natives Nullamalah or black mountains, and the other about eighteen miles to its west, the larger of the two and covered with valuable forest, is called the Yerramalah or red mountains. Nundial is the cusbah town of the taluq of the same name in the district of Kurnool. It is bounded immediately on the east by a large tank, on the west by the River Kundar, and on the north and south by two streams connected with the two sluices of the tank mentioned above. Owing to this situation the town

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is not capable of much extension. The canal of the Madras Irrigation Company passes quite close to it, and should commerce receive an impetus from the establishment of navigation in the canal the town is likely to rise to importance.

This town possesses 92 villages under its Revenue jurisdiction, and is the largest in the whole district except the town of Kurnool. It is three-quarters of a mile in area and has a population of 9,468 souls. Relatively to the taluq and the district its population is above $\frac{1}{10}$ (10·27) and $\frac{1}{100}$ (101·35) respectively, the actual numbers being 107,320 and 959,640 as ascertained by the Census of 1871.

Land revenue and the chief productions.—Of the total amount of land revenue, namely 17,400 Rupees, collected in Nundial, 9,387 Rupees are produced from wet cultivation of about 3 square miles of land effected by irrigation from the tank of Nundial. Cholum, paddy, indigo, cotton and sugarcane are the chief productions of the land. Many other cereals of the millet kind are also produced in varying quantities.

Offices located in Nundial.—In Nundial are located the Offices of the Deputy Collector and Magistrate, the Tahsildar, the Police Inspector of the Taluq, the Court of the District Munsiff, the Range Office of the Department Public Works, the Office of the Forest Assistant Conservator, the establishment of the London Mission under Reverend R. D. Johnston, and one of the Divisional establishments of the Madras Irrigation Canal Company under an Assistant Engineer in its neighbourhood.

Origin of the word Nundial.—The word Nundial appears to be derived from Nandy, the sacred bull of Siva, and Alya, a temple. Some say it is derived from Nandyraj, the name of its ancient ruler. There are several places of worship in the neighbourhood of the town, all dedicated to Siva. Of these they say there are altogether nine known by the name of Nava Nandy, all dedicated to the same god, and from this the derivation of the word Nandial Nandy and Alya as suggested above seems to be justified. Of the nine Nandys mentioned above, there is one, a large temple; the most famous of them is called Maha Nandy, which means the great Nandy, or the great temple of Siva. It is at a distance of ten miles from Nundial, and is the favourite place of resort for the Siva devotees in particular. This ancient shrine is situated at the foot of the Nullamalah. In front of the temple there is a fine tank perpetually filled to a certain depth with clear limpid water derived from some hidden spring at the foot of the hill, but oozing from underneath the lingum—the image of Siva. It is held sacred by the natives, and they make it a point to bathe in it to wash away their sins! During the festival of Seevarathry, the worshipping night of Siva, people from all villages gather together to worship and keep up a mela for three successive nights. Thousands of people during this time collect in the jungle at the shrine, some coming thither for the purpose of devotion, some to trade, and others to amuse the well-to-do people and beg of them some money; but one and all have a notion that they spiritually improve by visiting the place by whatever motive taken there. Huge crowds might be seen under the trees and the temporary sheds put up for the pilgrims

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around the temple, while the din and the sounds of life created by the concourse of people resounded by the woods might be heard from a great distance. The temple in which the lingum or the image of Siva is placed is a small one, but it is placed in the centre of a large court-yard surrounded by walls with three imposing gates surmounted by appropriate figures and style of architecture emblematic of Siva-worship. For the adoption of sanitary precautions during the three days of Sivarathry the Local Fund Board grants every year 210 Rupees, and by this arrangement measures are adopted to prevent nuisances and to attend to the cleanliness of the place.

Conservancy of the Town.—The general description and the state of conservancy of the entire town has been fully given in my report of 1873-74, a copy of which has been furnished to the Deputy Surgeon-General of the Division to accompany his own remarks on the deplorable sanitary condition of the town of Nandial. The Revenue Board have addressed the President of the Local Fund Board pointing out the urgent need of sanitary improvements, and I am given to understand that about 5,000 Rupees have been provided for by the latter for the necessary improvements in the town. I think the time is not distant when we shall find the numerous cesspools and collections of stagnant foul water disappear, and the inhabitants of this town comparatively freed of the well known local sources of disease now so abundant in the town of Nandial.

Date of establishment. By whom originated. How supported. What Medical Officers have been in charge.—The dispensary, like one of the many institutions that came into existence since the introduction of the Local Fund Act, was opened on the 15th of January 1872 (by me) under instructions from the President of the Local Fund Board. It is supported and maintained by local funds in accordance with the said Act. The dispensary occupies a rented building facing an open square close to the Taluq Cutcherry in the centre of the town. It is in fact such a house as is generally occupied by cloth merchants, having an open verandah in front, where wares are exposed. Within the building are two compartments each 27′ × 9′ × 8′ 10″ with flat roofs of mud supported on jungle wood reapers and jungle wood beams. The roof of the room next the verandah is in a dangerous state owing to the sagging of the small beams. There are pot ventilators in the roof which have been enlarged since the house became a dispensary. There is no other ventilation except by the doors. The dispensary leaks much during the rain. The floors are of mud. Adjoining the dispensary and to its north is a shed with tatty walls and mud floor capable of sheltering about four patients. The accommodation is of the most primitive kind. The situation of the dispensary in the centre of the town has its own advantages, but the building is totally unsuited for the combined purposes of a dispensary and hospital.

I am given to understand that 4,000 Rupees have been budgetted this year for converting the present Taluq Cutcherry (a new one in its stead being in progress) into a dispensary and hospital, and that arrangements have been made to negotiate with the owner with a view to purchase the

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said (private) building. Plan and estimate are being prepared in the Engineer's Office with the same object. The views of the Civil Surgeon are to be carried out in converting the cutcherry building into the future dispensary.

Police Hospital or Lying-in Hospital.—At present there is no hospital for the Police sick or a ward for lying-in cases. But it is under contemplation to provide for the former in the cutcherry building mentioned above, taking up some more adjoining ground should its present compound be not sufficient for it and for the out-houses. The Police are treated now in the station-house with the consent of the Superintendent of Police. In it an open verandah is set apart which is ill-ventilated and altogether unsuited for the purpose.

State of Medicine among the Native Practitioners, &c.—In this small town there are a good many persons, both Hindus and Mahomedans, pretending to a knowledge of medicine, and, with the exception of one or two, they are entirely ignorant of the rudiments of any written language. There is a class of people called Mundoolavandlu, druggists or the vendors of drugs, among whom both men and women go about selling vegetable drugs of various kinds. These people are illiterate, but they also undertake in this town the treatment of cases. They are considered by the mass of people as adepts in the treatment of infantile diseases. The care of suffering children is left by the more pretentious practitioners of medicine to such as these and to their women. The best of native practitioners are not acquainted with the properties of the individual drugs which they employ in large numbers to make compounds of high-sounding names, and very often the value of such mixtures is reckoned by the number of ingredients entering into their composition, and if gold and silver, pearls and corals are said to be of the number the value is much enhanced.

The existence of the Philosopher's stone by which base metals can be converted into gold, and that of the panacea for the cure of all diseases is still firmly believed in by all classes of persons. Conversion of copper into a colorless, impalpable powder by the application of some vegetable juice and heat is considered by some to be the Philosopher's stone, failing which they say would serve at least as panacea. Charlatans are, therefore, not wanting, who, putting on the costume of Gossayes or wandering devotees, to whom this knowledge is believed generally to be confined, go their round deluding the people and making a harvest out of their credulity. It is astonishing how persons of education, too, implicitly believe in this, and become willing objects to be imposed upon by them. Cupidity seems to father the thought, and when they are wofully deceived they would rather attribute the deception practised upon them to the unwillingness of the pretender to communicate the precious knowledge than to the true cause; such self-deceptions of course only serve to foster the bold charlatans instead of opening the eyes of the people to the impossibility of the real existence of such things. Lately a pretender of this kind, on his alleged journey to Ramnad, sojourned in this town nearly a month. The chuttrum he occupied and the roads leading to it were thronged by people from Nandial and the

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villages adjacent. He pretended to restore sight to the blind, to drive out devils, and to cure diseases of all kinds, while the sick of his own retinue, both from eye and other diseases, resorted to the dispensary for treatment. It was shocking to see people of education in the service of Government and exercising independent callings going to him by night, prostrating themselves before him and soliciting some Tambra-buspum or ashes of copper which he gave in handfuls. This he invariably prepared in their presence by enclosing a copper coin in some vegetable paste probably admixed with some alum and treated on fire. It would appear that the stuff thus exposed used to be converted into ashes swollen up to twice or thrice its original size, but the copper probably fused down to the bottom of the fire-pan so contrived to receive and secrete it underneath as to ward off observation. The credulous observers, seeing that metallic copper reduced to ashes by no more than the application of some leaves' juice and heat, readily believed, without much persuasion, in the most curious virtues attached to the wonderful nostrum.

None of the practitioners of medicine appears to derive his livelihood solely by his art. Payment is generally made in grain or daily rations if the practitioner has to treat a case out of his own village. What he can obtain from the patient as the charges of medicines for purchasing them from the bazaar mostly goes to him in the shape of money. Remuneration for service is promised only in cases of cure. Barbers, as in other parts of the south, practise rough surgery, and the potters are employed now and then to set broken bones, while the intelligent wives of the former officiate as midwives.

Preparations of mercury, arsenic, copper, and lead are largely employed by the native practitioners. Musk, gorojanum or ox-bile, and a large number of vegetable drugs, some of them of fanciful effects, are often used. A few of these quacks pretend to be versed in sorcery, and undertake to work spells. Most of the nervous maladies exhibiting inexplicable symptoms are put down for the work of the devil. Hysterics in a young woman is invariably attributed to the mischief of the same. The care of such patients is entrusted to the charmer or the magician who administers no medicine, but the spelled drinks of a particular river or well, or supplies them with a handful of ashes either to be applied to the forehead or to be thrown about the bed of the patient. Charms or amulets are very often tied around the limbs and the necks of patients for a similar purpose.

Considering the facility open to any one laying a claim to the practice of the medical art, it is not surprising to see the sham representatives of that art so numerous as they are now in the country. "The condition of the medical profession in this Presidency (says Dr. Cornish in his report on the Census of 1871) is eminently unsatisfactory. A vakeel cannot practise in a court of judicature without some proof of his competency, but any one may call himself a physician or doctor and publicly practise as such without submitting to any examination or test of his professional skill. Hence the profession generally has no status in native estimation. Its members may be qualified or unqualified, but the law affords no advantage to the one over the other. The passed medical man and the exorcist are precisely on the

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same level." The absence of such a law has another pernicious effect inasmuch as it, although not directly, prevents the spread of correct principles of sanitation; the observance of which is so important both in health and sickness, for the preservation in the one case and recovery in the other of that precious of blessings, health. Most of the notions entertained by the masses and these practitioners are often diametrically opposite to what has been propounded by the scientific practitioners of medicine. So long as these people are allowed to influence opinions of the natives, so long will the incorrect notions of health now holding dominion over the minds of the people remain, and the country in a backward state as it is now with regard to domestic, personal, and public sanitation.

What European Medicines are available in the Bazaar, &c.—There are no European medicines available in the bazaars except quinine and morphia. The former from its widely known febrifuge effects draws many purchasers from the distant villages around. This drug is known to many, and since it was placed in the hands of the Revenue authorities for distribution it has gained a wide renown in the taluq, so much so that many rustics come in begging for koni, as they call it, or the bitter white fever powder. Morphia has been introduced into the bazaars by some intelligent tradesmen, and it is believed by many to counteract the habits of opium-eating. Under this impression it is often purchased of the one or two merchants who receive their supply of the drug from Madras, and retail it generally by grain-weights. Beyond these drugs there are no other European articles of medicinal nature.

State of Vaccination, and views of the people as to its virtues. Are there Inoculators present?—It is nearly three years since the Civil Dispensary has been established in Nundial, and although the general benefits of the institution are largely availed of by every class of people, yet all attempts to break through the thicket of popular prejudices against vaccination have proved fruitless. No pains have been spared by me to speak to the inhabitants and to explain to them the beneficial results that accrue from the vaccine operation. I have not been able to vaccinate any number to speak of, and the vaccinator whose work extends over the whole taluq was not more successful in getting cases to operate upon.

Amongst the causes that militate against the general spread of vaccination must certainly be taken into account the dread the people entertain for the village goddess, to whose wrath they attribute the appearance of small-pox as a visitation. Small-pox and the like plagues are believed by the people to be the influence of the fabled goddess of wrath and carnage of Doorgah, whose visage and actions are described as dreadful, and the people grow up with such fear to the goddess from nursery tales that they are even afraid to mention any of her many names, but call her "Matha," "Ammavaroo," &c., all meaning our lady.

They blindly believe also that vaccination, calculated to prevent or to act as a prophylactic against small-pox, would increase her boundless wrath and bring down calamities in thousand other forms on the heads of those who practise it. So that beyond the time-honored measure to assuage the wrath

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of the supposed goddess, the patient stricken with small-pox receives no other treatment but what is believed to propitiate her. But fortunately some of the observances they make relative to cleanliness handed to them by their ancients, although blended with superstition, yet they are good enough and may be kept to, for they are literally no more than restrictions to avoid contagion. They attach great importance to these observances probably from dear-bought experience of the so-called wrath of the deity, which they say is exhibited in its worst forms to its polluters. However, this dread for the goddess of small-pox is not the only cause, nor does even this cause appear to operate so strongly as to prevent vaccination altogether, at least amongst natives who are exposed to the influence of European example than the people in this part of the country are, as proved by Dr. Shortt's experiments conducted in different parts of the Presidency Town. The all-powerful effect of money must be tried here also to induce the people to try the measure. When once their unfounded dread for the prophylactic is dispelled and vaccination generally adopted, the result of course will speak for itself. Dr. Shortt observes in his Annual Report upon vaccination that "before the bribe of 2 Annas caste prejudices, good and bad days, social ceremonies, want of practice, new moon, and other festivals all vanish, and further that the neglect of vaccination is simply occasioned from general apathy and want of interest in the matter."

The cost of Rupees 1-9-6 per subject vaccinated in the district is higher than that of any other in the Presidency except the hilly tract of Jeypore. This is apparently in consequence of so little work being turned out by the vaccine establishment. The backward state of the district in this respect would appear to suggest the adoption of the best-tried system of inducing the people for vaccination by granting batta to children vaccinated. Unless this system is introduced in the taluq and district in general, I fear vaccination will continue to remain most unsatisfactory for years to come, if not in a state as has been cogently remarked by Deputy Surgeon-General G. Smith, M.D., that "Vaccination here is all but extinct."

Of the total number of deaths among the Natives, there were two in the out-door, one from fever, the other from pneumonia.

The remaining, *viz.*, 17, among the in-door resulted from the following:—

Ague	1	Ascites	1
Phthisis pulmonalis ...	1	Ulcers cachectic	3
Hemiplegia	1	Wound of abdominal parietis	1
Tetanus	1	Wound of joint	1
Pneumonia	1	Fracture of forearm ...	1
Dysentery	2	Wound of lower extremity.	1
Diarrhœa...	2		

The ratio of deaths to per cent. of in-door sick is 40·47. Many wretched creatures worn out by disease, when they can no longer crawl, drag themselves to the dispensary to die, and of such as these have been 10 cases out of the 17 deaths, while the remaining 7 were in persons nearly all pilgrims either brought into hospital by the Police or sent by the villagers

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of the adjoining hamlets in the last stage of disease and in a state of exhaustion; of course admitted although cure was hopeless, and to this is due the high death-rate shown above.

Venereal is very common, and from the numerous prostitutes, professional and non-professional, the disease is carried into peaceful domestic life, where it prevails more extensively than elsewhere, being not checked in the early stages either from fear of exposure or censure from the relatives. Although there have been only 100 cases shown in the return, yet I am led to believe that the venereal is so rife that if all the cases were admitted for treatment the number would swell up tenfold.

Extract from Inspection Report by Deputy Surgeon-General G. Smith, M.D., dated 3rd February 1875.

Dispensary.—The situation of the dispensary in the centre of a populous bazaar is good, but the building, a hired one, is totally unsuited for the combined purposes of a dispensary and hospital. A town of 9,000 inhabitants (actually 9,468) should have a small well-appointed hospital just outside the town, with a thriving dispensary as a feeder inside the town. It has been proposed to convert the present dirty and dilapidated cutcherry into a suitable dispensary and hospital. This would be a convenient and inexpensive arrangement, but the general bad conservancy of the town seems to require that the institution be placed, if possible, outside. If not too far away, a successful dispensary outside the town will soon draw patients to it. The neighbourhood of the present dispensary shares in the want of cleanliness, drainage, and conservancy of the town generally. There is no dead-house and no latrines.

Hospital-baths, &c.—No bath-rooms belonging to the dispensary. The patients do not bathe at all in fact. Water abundant and good. The peon of the dispensary brings water on in chatties. The friends of the patients supply them with water as required.

NANGUNERI.

Extract from Annual Medical Report by Passed Hospital Apprentice P. Veerasawmy Naidoo.

Name of Town, Population of Town and of District.—This town is called Nanguneri, which is a compound word, meaning "Nangoon" square, "Airy" a tank. It is situate about 18 miles south of Palamcottah and 20 miles from the Eastern Coast. Is the cusbah (head-quarters) of the taluq, which goes by the same name. The population of it is 5,500, and of the taluq 169,594. Is bounded on the north by the tank a mile square in area, from the approximity of which it derives its name; and on other sides by small pools and cultivated land. The tank is close by and on a higher level than the town, and is

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supplied by a channel from hills about 10 miles off on the west, which are a continuation of the range from Coimbatore to Cape Comorin and the water-shed of the district. There is a rivulet running towards the east about 8 miles to the south of the town.

Establishment, management, &c.—The dispensary has been opened on the 8th December 1872 by the Local Fund Board during the time of Mr. Brandt, the late Sub-Collector and Vice-President of the Board. Hospital Assistant V. Gurusami Naick had been in charge up to the 25th February 1874, when, on his removal, he delivered over the charge to me. It is managed and supported by the said Board. The house in which the working is conducted is a small building rented at the public expense at Rupees 2-8-0. It is ill-ventilated, and the ceiling is very low, the height from the ridge being not more than 3 yards. Another small hut adjoining to the above has since been added on a rent of Annas 8. The latter is used as male and female wards. Each can accommodate nearly three patients.

If there be any Police Hospital, Lying-in Hospital, &c.—There is no Police Hospital here or a lying-in ward. Slight cases of Police Department are treated as out-patients and the urgent ones as in-patients until measures are taken for their transfer to Palamcottah. One case of midwifery has been successfully treated in the female ward.

State of Medicines among Native Practitioners.—There are about 70 native medical practitioners in this taluq: Pundits and Vythians of Barber caste are about 30, Tamilians 30, Brahmins and others 10. There are also Hakeems and Mussulman oculists; also pile-curers. One oculist once extracted a cataract in this town. The vision was not restored, but traumatic inflammation of eyeball was set up. Under it the patient had to suffer for about two months. These are guided by standard book of Agastya and others. My compounder, who had been practising for about 10 or 15 years in the native way, has now made up his mind to follow the English mode, for he says there is a great uncertainty in the doses prescribed by these authors. Every medicine is said to have at least three or four names, which produces a confusion if not rightly handed down. He had been subsequently guided by Dr. Moodeen Sheriff's Hand-book of Bazaar Medicines and that of Residency Surgeon of Travancore. He has now picked up a great deal of practice after the English way. European medicines are not available in the bazaars except in druggists' shops. Native practitioners seldom use them. Sulphate of quinine is to some extent, however, made use of in fevers.

Vaccination, &c.—Vaccination is kept up by Taluq Vaccinators, whose head-quarters is in this town. They vaccinate those who require it (occasionally). Lately a notification in the District Gazette has placed them under the immediate orders and supervision of the superior revenue officials. The people do to a great extent appreciate the value of the process, though the illiterate and the superstitious exhibit a little aversion at times, but not when they see a Revenue official with the operators. There are no inoculators in this taluq as far as I can see. Lithotomists none. There are some persons who profess to reduce dislocations and shampoo sprains in cattle. These are hardy, tall men, who do the thing more by force than tact.

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A case of dislocation of patella outwards in a shepherd has been tried by a number of them in vain. Fortunately much inflammation had not been set up before the man was brought to hospital.

Admissions, &c.—There have been 2,997 admissions of out and 58 of in patients during the official year under review, against 1,370 and 34 respectively last year. The average daily attendance is 23·51 in out and 1·55 in in patients, against 23·3 and 2·7 respectively last year. Those persons that attend the hospital from surrounding villages are mostly able to do so only once in three or four days. In out-patients skin diseases give the most admissions, nextly bowel-complaints; 3rdly, rheumatic, syphilitic affections, and fevers; 4thly, nervous affections; and, 5thly, injuries. In in-patients injuries rank first in point of frequency, and next bowel-complaints.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 13th November 1874.

Hospital.—I scarcely think it is resorted to in numbers sufficient to show its appreciation by the inhabitants, not only of the town but of its neighbourhood; a view taken by the President of the Local Fund Board, whose dissatisfaction in this regard has almost led him to conclude that should matters not improve, whether it would not be better to close it altogether, since it is kept up at great cost to the Local Funds without commensurate advantage. The fault may lie mainly with its present Superintendent, Passed Hospital Apprentice P. Veerasawmy Naidu, who, though negligence cannot be imputed to him, is yet said to be wanting in that bearing and manner so necessary in such a charge. Perhaps it would be well were one of the Hospital Assistant class sent to relieve him.

Principal Diseases.—The principal diseases were fevers, bowel-complaints, syphilis, rheumatism, skin affections.

Comparative Table.

Years.	In-patients.		Out-patients.	
	Admitted.	Died.	Admitted.	Died.
1870	...	...	...	...
1871	...	...	...	...
1872	...	...	...	...
1873	15	2	1,213	4
1874	60	3	1,800	7

The Passed Hospital Apprentice states that during the year there were 15 self-supporting in-patients under treatment in the dispensary.

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ONGOLE.

Extract from Annual Medical Report by Mr. L. Nipps.

Town and Population.—The town of Ongole is situated in the northern extremity of the Nellore District, and is the sub-division of that Collectorate. It ranks next to Nellore in importance, and contains upwards of 7,000 souls. It is about 10 miles from the sea, and is the head-quarters of the Sub-Collector, the Assistant Superintendent of Police, a Missionary of the Baptist Mission, a member of the Public Works Department, the Tahsildar, and the District Munsif. The place is liable to frequent but slight shocks of earthquake.

History of the Institution.—The dispensary at the station was, I understand, opened in the year 1867 through the exertions of Mr. F. H. Sharp, a former Sub-Collector. It appears to have been kept up by private subscriptions and a grant-in-aid from Government up to the year 1871, when it was transferred to the management of the Nellore Local Fund Board. Since then all requirements of the dispensary in the shape of medicines, instruments, and furniture are furnished by that body; and all correspondence and requisitions relative to such matters are addressed to them, and copies of all monthly and annual returns and reports submitted to the medical authorities are likewise furnished to them.

Medical Officers who were previously in charge of the dispensary.—The dispensary, I learn, was first placed in charge of Second-class Hospital Assistant A. Joseph, No. 620, who was connected with it up to 1871. The next person who received charge was Third-class Hospital Assistant Allagarasawmy, who, after a short stay of about three months, left and was succeeded by Second-class Hospital Assistant Syed Nizam Oodeen, No. 534, from whom I assumed charge of the dispensary in the middle of 1872.

The following table shows the number of admissions treated here from the commencement:—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1868	...	3,321	...	$15\frac{1}{3}$	...	...
1869	...	3,356	...	17	...	...
1870	...	3,425	...	16	...	...
1871	...	3,290	...	12	...	...
1872	...	2,526	...	$12\frac{1}{2}$	...	...
1873	...	3,583	...	$15\frac{3}{4}$	...	...
1874-75	...	3,086	...	$8\frac{1}{3}$	...	...

Native Practitioners.—The native doctors practising in this place, so far as my knowledge goes of them, use both European and Native medicines according to their judgment, or as the nature and circumstances of the case will admit of. They neither undervalue their own remedies, nor are they averse to European drugs, which I am of opinion they are beginning to

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appreciate. Of their competency, however, to undertake and relieve cases, I cannot speak with certainty; but it is my belief that if a number of these men were trained or taught the European mode of treating cases and administering drugs, they would prove a great blessing to the people.

Medicines available at the bazaar.—The following medicines are available in the market:—Musk, castor, assafœtida, sulphur, potassæ nitr, camphor, galls, calomel, opium, cupri sulphas, ferri sulphas, alum, sarsaparilla, chiretta, &c.

Vaccination.—Vaccination is progressing but slowly among the people, who are not yet fully alive to its benefits.

Native Oculists and Lithotomists.—There is only a single Mahomedan at this station known as an oculist and lithotomist, but of his capabilities I have had no proof or opportunities of judging.

State of the Civil Dispensary Building.—As stated in former reports, the dispensary is held in one of the rooms of an old military barrack. The building is, however, fast deteriorating, and as the recent heavy rains have rendered it positively dangerous, the dispensary has been ordered to be shifted to a choultry in the town as a temporary measure till the building has been thoroughly repaired. Probably some time will elapse before the building can be fit for use. For want of accommodation, therefore, all the medicines and most of the furniture and other belongings have been kept in the dead-house, where they are safe.

Lying-in Hospital.—There is no Lying-in Hospital at this station, but there is a Police Hospital, which is also held in one of the rooms of the old military barrack referred to in the preceding paragraph. This hospital was opened in the year 1868, and is used solely for the benefit of the Police Force in the station and the taluqs of the sub-division.

Diseases.—The diseases most prevalent in the year were fever and rheumatism, diseases of the stomach and bowels, venereal, and diseases of the skin.

Patients.—Relief is afforded at the dispensary to out-patients alone, as no accommodation is available for in-patients. The number of out-patients treated during the year was 3,086.

Benefit of the Institution.—The dispensary is steadily gaining popularity among the people, as is manifest from the numbers who resort to it for treatment. Many of them are travellers coming from long distances. Several also come from the adjacent villages. I am, however, bound to say that the majority of the people have still their scruples and prejudices to overcome before they can freely submit to the European system of treatment. I find that even among the higher classes many of them, though enlightened by a superior English education, share in the prejudice of the humbler classes. The sight of a lancet, a syringe, or a catheter throws as much terror into the mind of the one as the other. It must also be mentioned that unless compelled by stern necessity, or till all hopes of ever deriving benefit from their native doctors are abandoned by them, most of the people do not willingly adopt the European system of treatment; and when they do at all, it is perhaps at the eleventh hour, when scarcely anything could be done to relieve them.

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Extract from Inspection Report by Deputy Surgeon-General W. J. VANSOMEREN, M.D., dated 6th January 1875.

Hospital.—The Civil Dispensary has been simply and solely a dispensary for out-patients hitherto. Furniture has been provided for in-patients, but no place for either it or the patients. One would suppose it best to supply the place first and the furniture afterwards. Medicines are now dispensed to the sick from the verandah of the temporary Police Hospital, and the building intended for a Civil Hospital including a Police Ward is that formerly divided between the Police Office, Police Hospital, and Civil Dispensary. This structure is at present unroofed, and its walls do not look secure. It is proposed to knock down the upper 6 feet of the latter and build them up strongly, re-roof the block, and then allot it all for the Civil and Police Hospital.

Principal Diseases.—Malarial fevers, rheumatic affections, and diseases of the digestive system have been most prevalent. There have been also several cases of guinea-worm. No deaths recorded.

How supported and maintained.—Entirely by the Local Fund Board. It wants almost everything to render it a hospital; now it is only a dispensary, and has not a proper room at present for even such a limited purpose.

Visitors' Book—General tenor of Remarks.—Only two entries in the year, the former favourable to the cleanliness of the dispensary in January 1874, the latter in September 1874 unfavourable to the condition of the building.

OOSSOOR.

Extract from Annual Medical Report by Surgeon S. WELLS, M.D.

The population of Oossoor is as follows:—Town 6,360, taluq 189,668.

The dispensary was opened on the 19th March 1874 with much ceremony, the officials and inhabitants of Oossoor displaying great interest in the matter. The want of such an institution was much felt. The public spirit of Mr. Wilkinson, the Sub-Collector, aided by the ready support of the official and non-official community, was sufficient to start so useful a charity. The monetary support hitherto accorded has been most creditable, and it is hoped will be accorded in the future.

The building in which the dispensary work is carried on is situated at the north-western extremity of the main street of the town on the Bangalore road. It was formerly a choultry, but was repaired and sufficiently put in order by the Dispensary Committee for occupation until the erection of permanent and more suitable accommodation. As the premises are only in temporary occupation, they scarcely require particular description. Suffice to say that the building is a quadrangular block containing two rooms of moderate size, one used as a surgery, the other as a consulting room; and two smaller rooms utilized one as a bath-room and the other for the reception of any emergent cases as an in-patient, or as an operating room. There is a verandah in front and partly along the sides. The walls are of

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mud, the roof tiled, the flooring bricked. The compound is of moderate size, the situation rather low, bordering land under wet cultivation; but as the dispensary building has a good basement, more than 3 feet high, the flooring is never damp. A disused cemetery stands between the town and dispensary on the east side.

The sum of Rupees 3,000 has been sanctioned for the erection of the new dispensary, and a very eligible site has been presented by an inhabitant of the town named Cottia Sooboo Chetty.

With the exception of a small monthly grant from Government for the care of the local Police Force, the institution has been maintained entirely by voluntary contributions. A committee manages its financial affairs, and the funds of the institution are in a healthy state. I believe that the Local Fund will make a grant to the institution next year.

There has been no change in the medical staff during the year. The dispensary is in charge of Hospital Assistant David, No. 718, under the supervision of Dr. S. Wells of the Remount Depôt.

The year's work cannot be contrasted with that of previous years, as the dispensary has only concluded the first year of its existence. The following tabular statement therefore refers to the past year alone:—

Year.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1874-75.	...	8,367	...	123·48	...	10

Before concluding this report of the Oossoor Charitable Dispensary I ought to state that I have heard very flattering accounts of its popularity. The large numbers who have benefited by it testifies to its usefulness, and I think the committee and subscribers may be congratulated on the success the institution has attained.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 8th March 1875.

Hospital.—Inspected with the necessary minuteness; the hospital was found clean and the general arrangements satisfactory.

Visitors' Book—General tenor of Remarks.—Favourable.

OOTACAMUND.

Extract from Annual Medical Report by Surgeon-Major W. F. Davis, M.D., F.R.C.S.

Special Statement.—The official year 1874-75 has been in many ways an eventful one for the St. Bartholomew's Hospital; during it a new interest

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has been taken by some of the most influential members of society in the Madras Presidency, who now live yearly for several months on these hills' and in consequence of this interest a very searching investigation into the working of the institution in every way has been inaugurated. A change in the chaplain of the station took place last year, and the present clergyman has been more energetic in endeavouring to relieve cases of distress and sickness, more especially amongst poor Europeans. Treating this class generally, providing food, bedding, &c., for them has been found too great a strain upon the resources of the hospital, as many as six destitute Europeans having been under treatment at one time; the nursing in its scientific sense of these persons was simply impossible, and the medical officer having represented this fact to the committee of management, a sub-committee was formed to devise means of improving the hospital in respect to the nursing and other requirements, having regard to the increased demands above referred to. About this time, or soon after, two ladies of position visited the hospital and addressed His Excellency the Governor on the subject of its shortcomings. His Lordship thereupon ordered the addition of the Sanitary Commissioner for Madras to the above sub-committee. The report of the sub-committee, a somewhat voluminous one of 34 paragraphs, was presented to Government last December, and the recommendations made therein were 11 in number, and briefly as follows :—

1. To secure an annual income of from 4,000 to 5,000 Rupees.
2. To provide a trained matron.
3. To throw open the wards to Europeans and East Indians from other stations.
4. To enlarge the committee of management, appoint a sub-committee, &c.
5. To build a contagious ward apart from the main building.
6. To provide additional store-room for foul linen, firewood, &c.
7. To improve the kitchen arrangements.
8. To improve the drainage of the grounds.
9. To board the roofing experimentally in one or two wards.
10. To light the hospital with kerosene lamps.
11. To lay on water to the bath-rooms, and to provide potable filters with taps for drinking water.

Buildings.—The large improvements referred to in the last paragraph have been supplemented by smaller ones, carried out by the committee themselves without aid from the Government. I may just enumerate them.

1*st.*—A comfortable suite of rooms with additional windows, &c., has been furnished for Mrs. Bitten, an experienced nurse, who has been engaged by the committee in connexion with, and assisted by, a "nursing fund," presided over by a lady in Madras.

2*nd.*—A newly fitted up store-room with shelves and appliances has been put at the nurse's disposal.

3*rd.*—Hinged panes to ventilate the male European ward have been introduced, and similar ones will be put into other wards.

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4th.—The cook-room has been greatly enlarged, and a good English stove and a hot-water cistern and tap fitted thereto; a temporary corrugated iron cook-room for caste patients has also been erected.

5th.—Last, but certainly not least important, is a store-room for dry firewood, and a good supply for the coming monsoon is now being packed.

The numbers of sick have been in-patients 311, out 7,019, total 7,330; this is probably one of the largest numbers ever treated, exceeding the former year by 1,675. The great increase is in out-patients, and I find that ague has been very greatly the cause of it increasing in a singularly steady manner since 1870. Thus beginning with that year, the numbers have been 496, 572, 757, 857, and in 1874 ague reached 1,155; comparing this with the former year, we find, too, that diarrhœa had increased 55, and rheumatism, no doubt owing to the severe weather, in great measure shows 87 more patients; but the greatest increase in a severe affection is probably in pneumonia, which rose from 3 to 202. I may here notice that congestion of the lungs is no doubt amongst out-patients frequently diagnosed as inflammation, but undoubtedly these patients all suffered from lung complication with fever. The death-rate at the hospital has been unusually high (29), but I think that I am within the mark when I say that almost half of these were occasioned by want and exposure during the monsoon, an unusually large number of cases being brought in by the local authorities found lying on the roads and in chuttrums in an exhausted condition.

PALAMCOTTAH.

Extract from Annual Medical Report by Surgeon F. M. Rickard.

Name of Town, Population of Town and of District.—The population of the town of Palamcottah is 17,439, and that of the district is 1,693,959.

In 1840 a poor house was established by Mr. C. J. Bird, Sub-Collector of Tinnevelly, for the benefit of the poor and sick of this district by subscriptions raised from the European community. In the year 1849 Mr. C. J. Bird joined the district as Collector, when he erected the present building for caste patients. In 1853 it was named Lungerkhana or Friend-in-Need Society. A committee of management, consisting of the Collector, the Judge, and one or two respectable natives, was formed, and orders were sent to all the Tahsildars of the district to collect subscriptions from the zemindars and respectable ryots and to remit the amount to the District Treasury. Besides the Civil and Military Officers in Palamcottah, including the Sub-Collector and Assistant Collectors, the Native public officers paid monthly subscriptions. The Zillah Surgeon was one of the members of the institution and paid a subscription in addition to his services as Medical Officer. A Dresser was employed who was paid from the funds of the society. In 1855 Mr. Bird left the district for good, and his successor, Mr. J. Silver, took deep interest in promoting its progress. In 1863 great exertions were made to collect more funds. An address was issued to the inhabitants of the district in June 1864; this appeal met with

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great success, and a sum of Rupees 85,387-10-0 was subscribed. In the same year the Public Dispensary at Tinnevelly was amalgamated with this institution, and since then it has been called the Civil Dispensary of Palamcottah. In obedience to Proceedings of Government, dated 25th September 1871, the institution was transferred to the Palamcottah Municipality on the 16th of November 1871 with the funded capital of Rupees 81,500, and the dispensary is now supported from the interest of that amount.

The Medical Officers who were in charge since the opening of this institution are as follows:—

1. Dr. Supple.
2. " F. M. Clementson.
3. " J. D. Gillies.
4. " W. H. Morgan.
5. " R. Dempster.
6. " R. Wilson.
7. Dr. J. S. Morton.
8. " R. W. Cockerill.
9. " D. R. Thompson.
10, " J. B. Thomas.
11. " H. D. Cook.
12. " F. M. Rickard.

The following statement exhibits the number of admissions and deaths of in and out patients:—

—	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1855-56	96	418	13·49	5·27	9	...
1856-57	89	803	16·25	19·87	12	2
1857-58	136	998	18·14	26·14	14	3
1858-59	71	2,042	10·31	27·70	12	11
1859-60	120	1,484	8·2	21·75	18	15
1860-61	127	1,448	9·08	24·20	20	1
1861-62	207	1,821	14·83	31·40	16	...
1862-63	233	1,988	21·80	34·33	4	...
1863-64	293	1,280	27 33	27·	7	...
1864-65	221	1,590	14·75	20·75	14	...
1865-66	242	2,159	16·50	20·75	23	1
1866-67	276	1,707	15·	21·	24	1
1867-68	323	1,808	16·	22·75	18	...
1868-69	307	1,907	19·50	24·75	24	1
1869-70	290	2,060	19·75	24·75	25	...
1870-71	287	2,513	17·25	20·50	18	...
1871-72	295	2,557	13·75	20·	15	...
1872-73	367	3,561	15·50	25·50	13	...
1873-74	302	5,312	18·30	62·25	23	...
1874-75	490	6,378	38·82	88·10	36	...

If there be any Police Hospital or Lying-in Hospital.—There is a Police Hospital in this station for the sick of that force. No Lying-in Hospital exists in the town, but it will be a great blessing if one is established.

There are a few hakeems or vythians who practise medicine in the town with the usual result of making their patients worse and driving them to the dispensary for legitimate treatment.

What European Medicines are available in the Bazaar.—No European medicines are obtainable in the bazaar, but in one or two of the respectable shops they can be purchased in large quantities. The natives use these

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medicines freely and buy them from the shops, the drugs mostly in demand being quinine, laudanum, tincture of steel, peppermint, calomel, santonine, &c.

Vaccination.—The state of vaccination in the town good; the people appreciate its virtues; no inoculators present.

Condition as to usefulness of Lying-in ward, if any.—In answering this point I can only reiterate what I stated last year, *viz.*, that it would be a great blessing to the poor to have such a ward here.

Changes in, or additions to, hospital building.—Great alterations have been made during the past year, for which I have to thank the Municipal Commissioners.

Civil Dispensary.—The working of this institution during the past year leaves little to be desired. The numbers of in and out patients will answer for themselves. One great success must be noticed, and that is the ready manner in which Brahmins and natives of the higher castes are now coming forward and asking for medical treatment according to English principles. This end has chiefly been brought about by the erection of three huts for Brahmin patients. These huts are never empty, and it is probable that the number will be increased as they are evidently appreciated. The large increase of in and out patients has obliged the municipality to supplement the interest of the funded capital, on which the dispensary is worked, with a large sum from the municipal receipts, but the institution is becoming more and more appreciated, and consequently a greater outlay of money is apparent. The present limited sum is not sufficient for the thorough efficiency of this institution, and many things are still much required to make it perfect; notably so instruments, of which there is a very poor assortment, quite unsuited to the demands of this hospital. I regret it is within my experience that I have had to see patients go away because they could not be operated upon, in consequence of the want of proper and suitable appliances.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 11th November 1874.

Conservancy of the neighbourhood generally.—The Municipality, within whose limits the hospital is, has, in carefully providing for the proper conservancy of the town of Palamcottah, not neglected that of the neighbourhood of the hospital.

Comparative Table showing the Admissions and Deaths of In and Out Patients.

Years.	In-patients.		Out-patients.	
	Admitted.	Died.	Admitted.	Died.
1870	294	18	2,427	...
1871	281	20	2,598	...
1872	336	14	2,995	...
1873	314	23	4,938	...
1874 (1st January to 31st Oct. only) ...	378	24	5,216	...

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The number of self-supporting in-patients during the year 1872-73 (from 12th October 1872 to 8th October 1873) was males 21, females 12, and during the year 1873-74 (from 9th October 1873 to 31st October 1874) was males 29, females 8.

Number of sick in hospital this day—

In-patients	59
Out-patients	105

Visitors' Book—General tenor of Remarks.—Favourable.

PALCONDAH.

Extract from Annual Medical Report by Pensioned Dresser MAHOMED HOMER.

Name of Town.—I beg to state that the name of this town is Palcondah.

Population of Town and of District.—Its population, as ascertained from the Deputy Tahsildar of the station, is 8,694.

Date of Establishment.—The dispensary appears from the records to have been established on the 1st of August 1869.

By whom originated.—The institution has been originated by the perseverance of Mr. D. Mackie, Agent of Messrs. Arbuthnot and Company at Palcondah. The Company are the renters of the town and its villages from Government since very long. They, besides large collections and other works of revenue, have trade in an extensive scale, as shipping of grains of various kinds and jaggery, as also planting and manufacturing of indigo. To carry on these several important works they have few Europeans and a good number of Native servants stationed. When any one of them was attacked with illness, no European medical aid could be had at hand, but at a distance of 25 miles, as at Chicacole, so that the want of an institution of the kind was very bitterly felt. To remedy this desideratum, Mr. Mackie, through the assistance of the Collector, as I was told, of the district, succeeded in establishing it.

How supported.—The institution, from the date of its establishment till June 1871, remained under the entire control and management of Messrs. Arbuthnot and Company and their Agent Mr. Mackie. The salary of the medical officer and the costs of European medicines, instruments, stationery, &c., were defrayed by Government, and all other minor expenses were borne by the Company. In June 1871 Mr. Mackie transferred the institution, I do not know for what reason, to the Palcondah Municipality for support, with an intimation to the Vice-President that he will pay 30 Rupees a month as subscriptions both from him and Company to the dispensary. The Municipality, up to the date of its abolition (31st March 1874), maintained it, and since it has been placed under the management and support of the Local Fund Board, Vizagapatam Circle. Messrs. Arbuthnot and Company and Mr. Mackie have still continued their subscriptions.

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What Medical Officers have been in charge.—The Dresser, Mr. J. Soobbaroylu, had been in charge of the institution from the date of its opening till 11th August 1871, when I was nominated in his room, and since up to the present time it is left under my charge.

In each year, or as far back as possible, give the following data :—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1869	4	722	Not known.		...	...
1870	26	1,819	$\frac{26}{365}$	$4\frac{369}{365}$	6	6
1871	2	1,815	$\frac{1}{3}$	$26\frac{8}{9}$	...	3
1872	...	3,689	...	$48\frac{4}{24}$	...	3
1873	...	3,265	...	$36\frac{7}{8}$	...	6
1874-75	...	2,709	...	$25\frac{1}{2}$	...	2

Dimensions of Hospital.—The institution is lying to the east side of, and at a distance of about $1\frac{1}{2}$ furlongs away from, the town. It is situated in an open place, elevated above the level of the neighbouring ground, and it has no enclosure. Its length, as from south to north, is 54 feet, its breadth in opposite direction is 16 feet, its medium height is $14\frac{1}{4}$ feet, and its basement 32 inches. It is surrounded on all sides by a verandah of 9 feet in breadth. The verandah at its south-east and north-east extremity is enclosed into a small room. The main building is divided into three portions, of which the southern portion is the surgery, and the northern the ward; both are of the same dimension, *viz.*, 15 by 16 feet. The middle portion is also a ward, and is 24 by 16 feet.

State of Medicines among the Native Practitioners.—No hakeem or tahib can be had in the town, except a few Hindu vythians of superficial knowledge in native medicine, who are in the habit of using native preparations.

What European Medicines are available in the Bazaar.—No European medicines are available in the bazaar. The native practitioners do employ, to a certain extent, quinine, calomel, and peppermint purchased at Vizagapatam or elsewhere.

Vaccination.—Vaccination is in good progress, and the people seem to appreciate its virtues to some extent, but will not submit to the process until small-pox appears in the village or in the street. No inoculators in the town.

Are there any Native Oculists or Lithotomists in the district?—I have known that no native oculists or lithotomists to be in the town, but I cannot say whether there are any in the district.

Conservancy very good with one exception to be noticed.

There is a latrine, where both dry earth and tar are used, but the former in vessels, not in trenches, and it seems to work well. The urine and water, however, flow into a cess behind, and there soak into the soil. I have directed a bucket to be used for reception of the fluids, which should then be removed with the excreta and buried at a distance.

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There are a detached dead-house and cook-room, the latter not once tiled during the past year for the preparation of food.

No caste nor infectious ward provided.

PALLIPORT LAZARETTO.

Extract from Annual Medical Report by Surgeon H. Doyle.

Name of Town, Population of Town, &c.—Palliport, a village near sea, about 15 miles north of Cochin, and close to the Lazaretto in Sirkar territory. Population unknown.

Date of Establishment.—Date of establishment unknown, but at least as far back as 1728, as by a tablet on the wall, probably by the Dutch.

How supported.—Supported hitherto by an annual allowance of Rupees 1,640 from British Government as follows: as many lepers as can be dieted at 2 Annas a day each for Rupees 1,500, perishable articles Rupees 100, and half-yearly expenditure Rupees 40.

The place was in charge of a native doctor or hakeem till 1864, and then a Dresser was appointed. Of late it has been in charge of the following Medical Officers:—Civil Surgeons of Cochin Drs. J. Kennedy, W. H. S. Burn, J. White, E. J. Barker, J. Pringle, W. A. Leslie, F. Day, M. C. Furnell, G. E. Whitton, and W. Doyle, who visit it monthly.

In each year since opening, or as far back as possible, give the following data:—

Years.	Total Admissions.		Average Daily Sick.		Total.	
	In.	Out.	In.	Out.	In.	Out.
1866 ...	9	...	35¾	...	8	...
1867 ...	13	...	34¼	...	7	...
1868 ...	9	...	34¾	...	4	...
1869 ...	12	...	33¼	...	12	...
1870 ...	14	...	26¼	...	4	...
1871 ...	13	...	28½	...	2	...
1872 ...	9	...	32¼	...	4	...
1873 ...	12	...	32¼	...	8	...
1874 ...	18	...	30¾	...	5	...

The inmates have been all vaccinated or had small-pox. The surrounding district belongs to Cochin Sirkar, which maintains vaccinators. The people of villages in Cochin territory sometimes send to request that a vaccinator may be ordered to visit their village. Inoculators probably exist in Native Cochin, but they are unknown.

During the official year 1874-75 17 lepers were admitted into Palliport Lazaretto, 11 left, 6 died, and there are at the present date 28 cases remaining in the asylum.

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The total expenditure during the year has been as follows:—Dieting the patients Rupees 1,464-10-0, half-yearly expenditure Rupees 41-11-0, and contingencies, including the erection of bath-rooms and the purchase of bathing tubs, an almirah to keep the medicine, and thirty cloths for the lepers, Rupees 143-8-4, leaving a surplus of 8 Pie. These things were much required, and there was no other way of procuring them except as has been done from the surplus under all heads for the year.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 22nd February 1875.

Its squalid wards or, more correctly speaking, walled sheds little, if at all, better than stables, have given shelter, such as it is, to 30 lepers during the lapsed year, all, with scarcely one exception, having reached that stage of the disease in which may be seen the terrible ravages depraved nutrition has inflicted on the human frame. That tenacity of life—so powerful an animal instinct could nowhere else be better illustrated than in this and its kindred Asylum at Calicut—where, amongst the lepers, and under conditions the most deplorable, their thirst for life finds expression in the avidity with which they clutch at any means which may be brought within their grasp likely to arrest the progress of the terrible malady which has overwhelmed them.

PALMANAIR.

Extract from Annual Medical Report by Assistant Apothecary M. Devanboo.

Name of Town.—Palmanair.

	In-patients.	Out-patients.
Remained on the 31st March 1874 ...	11	31
Admitted in 1874-75	306	5,775
Discharged	280	5,767
Died	17	4
Remaining	20	35
Average daily sick for the year	15	42·78

Principal Diseases and Classes of Diseases prevalent during the Year.—The principal classes of diseases that have prevailed during the year were fevers, disease of the digestive, cutaneous, and respiratory system, and rheumatic and venereal affections. Fevers have been very prevalent and proved fatal in the neighbouring villages.

Date of establishment and how supported.—The dispensary was established in January 1873 by W. S. Whiteside, Esq., Collector of North Arcot, and it is supported by the Local Fund Board.

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The following tabular form shows the admissions and deaths for the official years 1873-74 and 1874-75 :—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1873-74	146	4,506	10·7	36·7	4	...
1874-75	306	5,775	15·	42·78	17	4

What Medical Officers have been in charge.—The dispensary was under the charge of Honorary Assistant Surgeon R. Huffton from its establishment in January 1873 to April 1873, and subsequently under the charge of Second-class Hospital Assistant R. Soondrum Moodelly of the Revenue Survey till December 1873, from which period it is under my charge.

Extract from Inspection Report by Deputy Surgeon-General W. J. vanSomeren, M.D., dated 30th March 1875.

Condition of the building and neighbourhood.—The hospital was a private house, and is ill-adapted to its present purpose. It is a tiled building on an elevated basement of more than 3 feet, with a verandah in front and behind, or south and north. The central room is the surgery and office. The female ward is to the right and the male to the left. Both are severally $15\frac{1}{4} \times 15\frac{1}{4} \times 14$ feet, and have three windows a piece. Their doors open into other rooms and not into the verandahs. There is no artificial ventilation, and as six patients are placed in each, each patient has only 38·75 superficial and 542 cubic feet; defective ventilation and overcrowding exist here in consequence. The hospital is popular, and at present there is besides the 12 inmates of the wards a patient in each of the two verandah rooms, which are respectively $12\frac{1}{2} \times 6 \times 8\frac{3}{4}$ feet, with one door and one window. Each ward is lighted at night by an oil lamp; cleanliness is conspicuous in all the hospital. There is a great quantity of dried leaves in the compound, which should be collected and burnt, and I have told this to the Apothecary in charge.

The hospital latrine is a small, ill-ventilated, square-tiled chamber with chatties furnished with earth, between ridges of loose bricks. Coal-tar is scantily used in the place. The door is the only opening into it, and it is common to both sexes.

There are two small, ill-ventilated and ill-lighted but tiled caste wards in a detached block, in which there were three patients this morning. One ward is $8\frac{1}{2}$ and the other 9 feet long, while both are 14 feet broad and $12\frac{1}{2}$ feet high. Each has one small door and one small window, and is lighted at night by a small clay lamp trimmed with oil.

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PERIACOLUM.

Extract from Annual Medical Report by Second-class Hospital Assistant P. Swamynadum Pillay, No. 681.

As there is no adequate space in the present muntapum to accommodate them, the men have been treated as out-door patients; only on occasions cases that are of serious nature necessitate their reception in front of the shed of the muntapum in a most inconvenient manner. There have been 4,838 cases of Natives and 8 Europeans, showing an increase of 882 Natives and a decrease of 2 of those of Europeans.

The dispensary was opened on the 15th May 1872; the attendance of patients has been good and regular, and the institution appears to be gaining the confidence of the people increasingly day by day. Most of the physical and surgical cases that are required to be treated with care and discrimination have been admitted into the hospital; these cases have the appearance of a blanched and emaciated condition from ill treatment, and restricting themselves to a very low diet without salt or tamarind, which scarcely contains any nutritious substance to invigorate their vital powers. This mode of administration with regard to the treatment of their cases appears to be a common idea of the native practitioners, as well as the patients who are placed themselves under their treatment, particularly in cases of fever they are under the impression that it is highly injurious to administer the patient a purgative or an emetic during the stage or its commencement they imagine it will not only complicate the disease, but also bring the patient into extreme prostration. All of their such false notions and ignorance have been neutralized when they once followed the course of the English treatment, which certainly have given them much comfort and faith in contradiction of their treatment. As the dimension of the present muntapum being $8\frac{1}{2} \times 6$ feet, it has hardly any space to accommodate with; the space is such as to lodge only hospital furniture, &c.; it is much overcrowded, and it has no ventilators; it was intended by the people of Periacolum as a rest-house for god. The new hospital construction is going on rapidly. I dare say it will be brought to use in a few months after; as it has a more spacious place and decency, I may expect a much more improvement and increase of admissions during the current year.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 17th December 1874.

Conservancy of the neighbourhood generally.—Let me say that during this year's tour of duty it has seemed to me the better course to confine myself almost entirely to the work of hospital inspection, omitting from consideration in my report the sanitary condition of the different towns in which my hospital work lay, since I had found that, despite the utmost care, and the most scrupulous avoidance of anything approaching to "over-colouring," when describing matters as I had found them, my work

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was ignored as the product of exaggeration. On the present occasion I would fail in my duty were I to slur ever the subject in this report feeling the necessity to unite with the Tahsildar of this town, Mr. Muttusami Iyer, in his efforts to rescue the inhabitants of Periacolum from conditions, most of them easily removable, which press so heavily on the public health. Of this native gentleman's intelligence and capacity it is not for me to speak, suffice to say that they are of such an order as to merit for his suggestions to have the "Towns' Improvement Act" extended to Periacolum worthy of more than a passing note. He had long pondered the subject, and his calculations, which he permitted me to inspect, have been drawn up with the most careful attention to accuracy.

Principal Diseases.—Principal diseases during the year were fevers, diarrhœa, dysentery, rheumatism, venereal and skin affections, abscesses and ulcers.

The following is a comparative statement of sick treated in this institution during the last three years:—

Years.	In-patients.		Out-patients.	
	Admitted.	Died.	Admitted.	Died.
1872	None.		2,023	2
1873			2,621	1
1874			4,639	1

Visitors' Book—General tenor of Remarks.—Favourable.

PALGHAUT.

Extract from Annual Medical Report by Second-class Hospital Assistant J. Jacob, No. 582.

Name of the Town.—Palghaut.

Population of Town.

Europeans	21
Eurasians	36
Hindus and Mahomedans	31,058
Total ...	31,115

Population of District or Taluq.

Christians	46
Hindus	265,648
Mahomedans	26,166
Total ...	291,860
Grand Total of Taluq and Town ...	322,975

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Date of Establishment.—The Charitable Dispensary was established on the 1st September 1860 by H. E. Sullivan, Esq., then Sub-Collector of Palghaut.

By whom originated.—By Sir W. Robinson, whilst Head Assistant Collector of Malabar.

How supported.—From 1st September 1860 it was supported by personal donations and monthly subscription and managed by a Hospital Committee until December 1871, when the Municipality took it up, and they still continue to support it under their own management.

What Medical Officers were in charge.—Krishnama Rajoo, Seethambaram Pillay, Ramasawmy Naidoo, Krishnama Naidoo, I. Zackaria, P. Moothoo-krishna Naidoo, and J. Jacob (the Hospital Assistants).

In each year since opening, or as far back as possible, give the following data:—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1867	55	768	$3\frac{1}{8}$	$9\frac{1}{2}$	6	8
1868	90	1,120	4	11	10	3
1869	171	1,478	$8\frac{1}{8}$	12	20	1
1870	210	2,540	$9\frac{3}{4}$	$18\frac{3}{4}$	19	39
1871	177	2,456	12	$21\frac{4}{12}$	14	3
1872	191	2,053	$9\frac{1}{8}$	$17\frac{8}{12}$	19	...
1873	217	2,572	13	23	15	2
1874	212	2,370	$15\frac{1}{4}$	$31\frac{1}{4}$	30	3

Dimensions of Hospital.—It is a private bungalow; at my suggestion was taken up on rent by the Municipality. It is ventilated by doors and windows. It consists of a central ward to accommodate eight patients, dimensions 27 × 18 feet, with verandahs on both sides, dimensions of each 29 × 10 feet. One of the verandahs is occupied by the Police sick. In addition to the above there are two rooms segregated by walls; dimensions of each room are 12 feet 9 inches length and breadth. One is occupied as a surgery and the other one as a female ward. Between these two there is a small room which is occupied as a lumber-room. The building has a large compound covered with grown-up trees which darkens the wards, and in rainy weather the weeds are grown up and exhibit an unsightly appearance. There is every probability that soon after the close of the monsoon a new dispensary will be erected, for which the necessary sanction has been obtained from the Government.

State of Medicines among the Native Practitioners, Hakeem or Tahib, Pundit or Vythian, or others.—There are three sorts of native practitioners who are the followers of the following Vydia Shastrums, *viz.*, Ashtangardayem, Chindarmaney, and Agastiars. These practitioners attend upon patients from whatever diseases they may be suffering, without being able to know the real nature of the disease. Some mild cases are successful and in others their treatment proves ineffectual, but they generally leave matters

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to the will of Providence. They are very fond, when their patients are in moribund state, of recommending their patients and relatives to have recourse to the European treatment. The following is an example:—Eashooravariar, a Commissioner of Palghaut Municipality, in the capacity of medical practitioner was attending on a case of reducible hernia which he took to be colic originated from constipation, and the patient was in a very agony state; finding that he was unable to do anything further for the amelioration, he had written to me to attend with active purgatives and enema pipes, but on my arrival there I discovered that the case was hernia and not colic; immediately I relieved the patient from all his sufferings, and the parties interested, with grateful thanks, appreciated the English treatment.

What European Medicines are available in the Bazaar, and to what extent the Native Practitioners or other people use them—Chlorodyne, Holloway's pills and ointment, epsom salts, Cockle's pills, sulphuric and nitric acids, opium, cough lozenges, worm tablets, castor oil, essence of peppermint, &c. Great benefits accrue from these medicines.

State of Vaccination, and view of the people as to its virtues. Are there Inoculators present.—Vaccination is practised by one Municipal Vaccinator within the limits of the Municipality, and in the surrounding districts by two Government Vaccinators. During the prevalence of small-pox additional vaccinators are employed. Most of the people applaud the operation and its effect consequent on the diminution of the severity of small-pox and prevention of its prevalence, but the ignorant attribute the origin of the disease to the displeasure of the mythological goddess "Marriammah," and for its prevention certain ceremonies are performed. Some of them employ the rather curious argument that when small-pox is prevalent it would be sinful to get vaccinated, as it would be a defiance of divine power. When there is no small-pox about, they say it is of no use to get vaccinated, as there is no chance of their getting the disease then. Others fall back on "fate" and say that if they *are* to have small-pox, they will get it whether vaccinated or not, but of late educated people have come to know the wonderful effect of vaccine operation; one thing which is observed in this place is that if one of the members of a family is attacked with small-pox all the relatives quit the house, leaving the patient to the mercy of "Marriammah." This course gives rise to an increase of mortality in Malabar.

The dispensary is supported by the Municipality. There are no Native subscribers towards its support. Only three European subscribers, amounting to Rupees 8 per mensem.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 10th February 1875.

Hospital.—The work of this dispensary is still conducted in the old, inappropriate structure described in former reports, *viz.*, those submitted on the 28th January 1874 and 8th December 1872, respectively.

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In reporting on this subject on the 27th January 1872 it was stated, as then understood, that steps were soon to be taken to effect the erection of another more suitable structure, but up to this time nothing has been done, and it would almost seem as if the subject had been postponed *sine die*.

Inspected on the present occasion: the wards were clean, and the structural condition of the building tolerably good. Its compound is clean and free from low scrub jungle. Medico-legal autopsies still continue to be conducted in the shed in the hospital compound. The objections against this procedure, universally acknowledged as they are, and which I do not pause to reiterate here, should be considered in the proper quarter and a stop put to it.

Principal Diseases.—The examination of the nominal register of the outdoor sick reveals some irregularities, the principal one being that no note is made of the results of treatment either in respect of "cured," "relieved," or "absented." Then again cases are recorded in the register which have no corresponding entries in the prescription book. In all other respects the working of the institution seems satisfactory.

PAUMBEN.

Extract from Annual Medical Report by Assistant Apothecary M. SEETHARAMIAH NAIDOO.

Ordinary fevers and sore-eyes have been prevalent, and several cases were attended with severe symptoms.

The general working of the institution.—The total number of admissions during the past year has been 2,654 Native and 46 European and Eurasian out-patients and 41 Native in-patients. These numbers exceed those of the previous year by 203 out-patients and 24 in-patients, while there is a diminution of 71 European and Eurasian sick.

The dispensary is daily becoming useful as exhibited in the returns, and every class of people of the station and adjoining villages, as well as pilgrims, freely avail themselves of its help. At the instance of the public here, a midwife has been engaged for the hospital, since December last, on a salary of Rupees 10 per mensem, half of which is paid by the Local Fund Board, and the other half from local subscriptions.

Extract from Inspection Report by Deputy Surgeon-General W. JOHNSTON, M.D., dated 26th December 1874.

Principal Diseases.—The principal diseases during the year under review were fevers, rheumatism, general dropsy, conjunctivitis, bowel-complaints, and abscesses and ulcers.

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The following table affords the information on this point:—

Principal Diseases.	In-patients.		Out-patients.	
	Admitted.	Died.	Admitted.	Died.
Fevers	6	...	328	...
Rheumatic affections	7	...	116	...
General dropsy	5	2	13	...
Conjunctivitis	25	...	356	...
Bowel-complaints	8	1	343	...
Abscesses and ulcers	11	...	336	...
Wounds and injuries	3	...	81	...

Comparative Table of Admissions and Deaths of In and Out Patients during the last five Years.

Self-supporting Sick.		Years.	In-Sick.		Out-Sick.	
1873.	1874.		Admitted.	Died.	Admitted.	Died.
In-patients.		1870 ...	6	...	771	5
		1871 ...	1	...	600	...
6	9	1872 ...	1	...	1,524	2
		1873 ...	6	2	2,417	2
		1874 ...	27	4	2,244	...

Number of sick in hospital this day—in-patients 4, out-patients 54.

Visitors' Book—General tenor of Remarks.—Favorable.

PENNACONDAH.

Extract from Annual Medical Report by Passed Hospital Apprentice W. Francis.

Name of Town.—Pennacondah.

Population of Town and of District—5,106.

Date of establishment.—Agreeably to extract from Proceedings of Local Fund Board, Pennacondah Circle, held at Pennacondah on 1st March 1873, the dispensary was opened to the public on the 3rd March 1873.

By whom originated.—By the Local Fund Board, Pennacondah Circle.

How supported.—By Local Fund Board.

What Medical Officers have been in charge.—Second-class Hospital Assistant A. Mooroogasum, No. 629, was in charge of the dispensary up to 4th August 1874, and Passed Hospital Apprentice William Francis from 5th August 1874.

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In each year since opening, or as far back as possible, give the following data:—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
March 1873	...	260	...	27½	...	...
1873-74	27	4,156	½	52¾	...	3
1874-75	89	3,902	3·35	49·12	2	4

Dimensions of Hospital.

——	Length.		Breadth.		Height of Wall.	
One large ward	35	...	20	...	12	...
Latrine for males and females	9	...	7	...	9	...
Cook-room	8	...	9	...	9	...

State of Medicine among the Native Practitioners, Hakeem or Tahib, Pundit or Vythian, or others.—The state of medicine among the native practitioners in this part of the district is much inferior. Their medicines are obtained both from the vegetable and mineral kingdoms. There are five native practitioners in this town, two Mahomedans and three Hindus.

What European Medicines are available in the Bazaar, and to what extent do Native Practitioners or the People use them?—Alumen, sulphate of copper, metallic mercury, borax, sal ammoniac, white arsenic, assafœtida, catechu, sulphate of iron, country sarsaparilla, opium, aconite, crude bichloride of mercury, preparations of mercury, and croton seeds are the medicines in general use among the native practitioners. The former for almost every complaint, the latter as a purgative both to young and old.

State of Vaccination and view of the people as to its virtues. Are there Inoculators present?—Vaccination is performed in this taluq by an Imperial Vaccinator, and the Hospital Assistant in charge of the Head Assistant Collector's establishments performs vaccinations when out on circuit. There are no inoculators in this part of the district.

Are there any Native Oculists or Lithotomists in the District?—There are two oculists in a village close to this town, but no lithotomists.

Principal Diseases and Classes of Diseases prevalent during the Year.—The principal diseases during the year for which relief has been sought have been fevers mostly of the quartan intermittent type, abscess and ulcers, local skin affections, conjunctivitis, rheumatism, disease of stomach and bowels, wounds and injuries.

Changes in, or additions to, the Hospital Building during the Year.—No changes nor any additions have been made to the hospital building during the past year.

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The Deputy Surgeon-General on his tour of inspection on the 13th February 1874 has recommended a compound wall, a female ward with a lavatory and latrine, another lavatory for males.

Extract from Inspection Report by Deputy Surgeon-General G. SMITH, M.D., dated 13th February 1875.

Civil Dispensary.—I made my annual inspection of the dispensary on this date, and found the building clean and in fair order. The dispensary is situated conveniently as regards the native town, but the locality is somewhat cramped, and it will by and by become a question whether a better spot might not be found should a new and more permanent building be erected. There are some prominent defects in connexion with the present dispensary, which I shall now merely enumerate; they can all be rendered at small expense.

(*a.*) The triangular piece of ground on which the dispensary stands should be enclosed by a 5-feet wall.

(*b.*) There should be a separate female ward fit to accommodate four patients, with a small latrine and lavatory attached. This ward should be placed to the north of the present ward at about 12 yards distance, and should run at right angles to the dispensary, thus :—

1. Dispensary.
2. Female Ward.
3. Latrine and Lavatory.

At present males and females occupy the same ward; they have a common latrine, and there is no lavatory for either sex.

(*c.*) A small lavatory for male patients should be provided in the south-west angle of the verandah, and each lavatory should have at least one bathing tub.

(*d.*) The new block containing the dead-room and male latrine is conveniently far from the dispensary (70 yards distant).

(*e.*) The hospital establishment requires the addition of a female nurse. All the servants, except the peon, are underpaid. I would reduce his pay to Rupees 5, and use him as a compounder, raise the pay of others to Rupees 5 per mensem, and add a female nurse upon the same pay.

(*f.*) The dispensary is deficient in supplies of medicine. This should be seen to at once.

(*g.*) No vaccination is carried on in connexion with the dispensary. This should at once be corrected. I have issued orders. The vaccinator appointed for the town and district has not made his appearance, though warned of my visit. I conclude that he has nothing satisfactory to tell regarding his work. Much might be done by the vaccinator with the help of the Hospital Apprentice Mr. Francis and Hospital Assistant Abboye to protect this small town from small-pox. I request the kind help of the Civil authorities in this matter. When at head-quarters the vaccinator should be directed to work in harmony with Mr. Francis at the dispensary.

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Conservancy of the neighborhood, &c.—The native town lies to the south and east of the dispensary. I have walked through the greater part of it and find it fairly clean. There are no public latrines. Road cess-pits are few in number, but house cess-pits exist everywhere. There is no artificial drainage. The slopes of the town favor natural drainage. There is no municipality.

The town is thinly peopled, and the people are of the poorer classes. There is little trade. The population is under 5,000.

Visitors' Book, &c.—Generally favorable.

POLLACHY.

Extract from Annual Report by Native Surgeon P. MOONESAWMY.

Date of establishment.—The Civil Dispensary, Pollachy, was opened in October 1857, at a period when the ignorance and superstition of the people were very great. The hospital then occupied a small thatched building in the town, and the ryots were very reluctant to avail themselves of the benefits held out by the institution; but its real value soon became manifest under the able managements of Native Surgeons Kanagaroyen and Ruthna Moodelly, former medical officers of the dispensary. The zemindars and other rich ryots of the taluq subscribed liberally, and built the present hospital in 1858 at a cost of Rupees 5,450, and had since raised a sum of Rupees 21,000 for its maintenance. The welfare of the hospital at first was mainly due to the untiring exertions of E. B. Thomas, Esq., Collector of the district at the time, to whom the hospital is greatly indebted. The institution since 1858 slowly but steadily increased in importance, and at present attained that stage, that people of all castes and creeds, rich and poor, from the highest Brahmin to the lowest Sudra, resort to it freely and realize its benefits, persons repairing to it even from distant taluqs. The hospital is decidedly a refuge to the many sick poor that resort to it from the surrounding fever-stricken villages, and it is generally held in high estimation by the inhabitants in and around the taluq.

The accompanying table shows the total admissions, average daily sick, and deaths during the last ten years, by which it will be seen that there is an improvement in the working of the dispensary for the last three years.

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1865-66	248	3,218	9¾	34⅛	7	3
1866-67	195	2,231	11	22⅛	11	12
1867-68	247	2,984	16	34¼	10	4
1868-69	216	2,141	15⅗	31	16	9
1869-70	263	2,912	16¼	29⅛	13	7
1870-71	276	2,629	18¾	26	10	6
1871-72	228	3,118	13¼	24¼	6	2
1872-73	249	4,703	17½	37⅛	11	6
1873-74	287	4,890	19½	41⅛	13	4
1874-75	297	5,184	19¼	42¾	14	7

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If there be any Police or Lying-in Hospital.—The sick Police are treated in a small building in front of the hospital within the dispensary compound. The building has only one room, and is unsuited for the purpose for which it was built. There is no Lying-in Hospital, and when cases occur, they are treated in the small wards of the Civil Hospital.

State of Medicine among the Native Practitioners.—Native medicine may be said to be on its decline. The few quacks that are found here and there are very ignorant men, and I doubt very much whether some of them should be allowed to practise at all. I have known cases in which extraction of teeth attempted by blacksmiths, and followed by great injury to the jaw, and prolonged suffering to the patients; cases in which surgical operations were attempted by ignorant men, with damage; serious midwifery cases left to the brutal treatment of some foolish Dhoby women with direful results, besides the baneful effects following from the injudicious administration of drugs. There are a number of people in some of the villages who profess to remove foreign bodies from the eyes, among other means by a metallic hook, and I have seen at least two cases, in which dense opacity of cornea, and consequent loss of vision, was traced to this cause. Some of the cases suffering from chronic ophthalmia, when the cure is a little tedious, occasionally resort to a temple (*Soolackalloo Mauri*) to the north of the town, where they believe is a goddess who is acquainted with the cure of this particular disease, and it is there told them by the priest, after taking a money offering, usually 4 annas, that the sore-eye is owing to a foreign body, and directs the patient to proceed for its cure to *Kooroochikottai*, a village in the Oodoomalpettah Taluq, to be treated by a man there. This pretended oculist is a relation of the priest who provides cases for him, and is always believed to send back the patient to the temple with the foreign body in his hand for a further thank offering. His own fee is usually reckoned at 4 annas. Such cases have not been common of late. There is a certain class of Mahomedans at Kannadipoothoor, in Oodoomalpettah Taluq, who are by trade cultivators of the land, but are conversant with the operation of reclination for cataract. They periodically visit the different villages when their cultivation is over, and perform the operation with occasional success. I believe their visits have lately become scarce, at least to this taluq, since I spoke to a man when his operation became unsuccessful in a case, and produced intense suffering to the patient from retinal irritation. I explained to him about the superiority of extraction by English method, and the dangers following the operation of depression. Gravel is not a common disease in the taluq, and as far as I can learn lithotomists are unknown.

In-patients.—Of this class there were 297 cases admitted during the year, showing an increase of ten cases as compared with the admissions of the previous year. The majority of these cases have been among the poorer classes who subsist on their daily income. There were 44 patients who, having been in better circumstances, dieted themselves at their own cost.

Out-patients.—The admissions under this head have been 5,184, which show an increase of 294 as compared with the admissions of the previous

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year. Most admissions have been from ague, diseases of the eye, digestive and cutaneous systems. The principal diseases that presented themselves during the year were intermittent fevers, venereal diseases, affections of the eye, chronic diseases of the ear, bronchial affections, worms, abscesses, varieties of ulcers, and other affections of the skin.

Extract from Inspection Report by Deputy Surgeon-General W. JOHNSTON, M.D., dated 22nd March 1875.

Hospital.—Inspected with due care; the general arrangements for the efficient working of the dispensary were found to be all that could be desired.

Principal Diseases.—The principal diseases during the last year were fevers, rheumatic and venereal affections, abscesses and ulcers, bowel-complaints, itch, wounds and injuries.

Visitors' Book—General tenor of Remarks.—Favorable.

PONANI.

Extract from Annual Medical Report by First-class Hospital Assistant DAVOOD BEG.

Malabar is divided into ten taluqs, of which Ponani is the largest.

The town of Ponani is a fine little seaport situated to the south of Calicut, at a distance of 38 miles, and is in the vicinity of Palghaut and Cochin; the former lies 53 miles eastward and the latter 64 towards south, and is bounded on the north by Ponani River, south by Connelly's Canal, west by sea, and on the east by Ponani River and the said canal. It is a mile in circumference, thickly inhabited by Moplahs, and contains a population of 9,300 inhabitants, including men, women, and children; other classes, such as Hindus and Pariahs, reside in the outskirts at a distance of from 1 to 2 miles; almost all of them possess cocoanut gardens and other descriptions of landed property, hence prefer living on the spot; but not so with the Moplahs, they live in town, and their landed property looked after by watchmen, as it being incumbent with them to attend mosque frequently.

The subjoined are Statements A and B, the former showing population of the different taluqs comprising the Malabar District, the latter the number of different trees, gardens, and arable lands within the taluq:—

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A.—*Statement showing Population of Town and District.*

District.	Taluqs.	Population.		
		Males.	Females.	Total.
Malabar.	Calicut	94,190	95,578	189,768
	Palghaut	159,225	166,630	325,855
	Cochin	10,127	9,699	19,826
	Cherikul	127,396	129,981	257,377
	Kottiam	70,596	72,965	143,561
	Ernad	145,465	142,471	287,936
	Valluvanad	144,796	147,686	292,482
	Ponani	185,306	189,450	374,756
	Wynaad	76,228	49,710	125,938
	Kurrumbranad	121,560	122,191	243,751
	Total ...	1,134,889	1,126,361	2,261,250

B.—*Statement showing the Number of different Trees, Gardens, and Cultivable Lands in the Taluq.*

Trees, &c.	Number of Trees and Lands.	Amount of Revenue per Annum.
		RS.
Jack trees	146,546	2,99,012
Nut do.	1,796,927	
Cocoanut trees	2,134,121	
Do. gardens	60,036	
Cultivation lands	98,721	

Date of Establishment.—The dispensary was established on the 6th October 1868 by Mr. Ballard in co-operation with Mr. Canaran; the former the present Resident of Travancore and Cochin, then Collector of Malabar, and the latter a Deputy Collector now retired.

Owing to the infancy of this institution and the recommendation of Mr. Ballard, the cost of furnitnre and perishable articles for its use, amounting to Rupees 42-0-3, was met by Government for the first quarter ending 31st December 1868. From 1st January 1869 to 31st August 1871 it was supported through local subscriptions, and from 1st September 1871 to the present date by the Local Fund.

What Medical Officers have been in charge.—The name of the medical officers who have been in charge of the dispensary are as follows:—Davood Beg, First-class Hospital Assistant, No. 402, from 6th October 1868 to 31st March 1875, with the exception of two months in 1872, when First-class Hospital Assistant Mohomed Ghouse officiated during the absence of the former on sick leave.

Number of cases treated from the opening of the dispensary to the present date are embodied in Statement C.

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Statement C.

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In-patients.	Out-patients.	In-patients.	Out-patients.	In-patients.	Out-patients.
1868	8	583	...	27	1	...
1869	98	1,388	5	15	8	...
1870	147	2,195	7	24	6	2
1871	147	2,054	8	$21\frac{1}{2}$	6	...
1872	153	2,154	9	$22\frac{1}{2}$	9	...
1873	207	1,928	10	21	13	...
1874 (only for 3 months) ...	40	528	9	24	8	...
1874-75	231	2,337	9	26	14	...

The building is situated at the entrance of the town, and was occupied free of rent from 28th August 1868 to 30th September 1869, but from 1st October 1869 to 31st March it was rented at 5 Rupees per mensem, but the same being increased to Rupees 10 from 1st April 1874, owing to the roof being thoroughly repaired and an additional thatched ward erected 21 feet long by 15 for small-pox cases. The building is double storied, having on its lower flooring a fine large ventilated ward 36 feet long by $13\frac{1}{2}$, and five small rooms 15 feet by 10 for in-door patients of both sexes.

The upper story is 60 feet by 24, and consists of a large hall and four rooms, where medicines are dispensed and out-patients received; of the four rooms, one is the surgery and the others as receptacles for stores, &c.

With regard to out-houses there are three, one a cook-room and two extra wards for small-pox cases and the Pariah class of patients. The ward for the Pariahs is 18 feet by $7\frac{1}{2}$.

If there be any Police Hospital or Lying-in Hospital.—Ponani has no Police or Lying-in Hospital; the Police have been treated at this dispensary since its opening.

A new dispensary building is in the course of construction since December last at on outlay of Rupees 5,400; it consists of four large rooms 16 by 16 feet each, and four small 10 by 7 feet; also there are two latrines, one for either sex, a kitchen, and a dead-house.

State of Medicine among Native Practitioners.—The native practitioners here use only indigenous drugs, which on the whole I consider pretty good.

What European Medicines are available in the Bazaar.—No English medicines are available in the local market.

The people of Andatore, a village at a distance of 8 miles from Ponani, became well acquainted with the efficacy of vaccination, and owing to the difficulty of procuring the services of a vaccinator they applied to me frequently for the purpose, where I proceeded and vaccinated a number of them successively; the surgery cooly who has been taught to vaccinate by me has been sent in accordance with the request of the landlords of Andatore on three occasions, where he has proved himself very successful and useful when small-pox was prevalent.

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An inoculator is attached to the taluq, who it appears visits the different villages on the orders of the Sub-Magistrate. I have not seen him for a long time, and hence am hindered from procuring lymph as occasion requires. I think it would be very advisable to allow him to remain under my supervision and to carry on the operations.

Since the prevalence of small-pox the residents of this taluq suffered in extreme, the contagious propensities of this dire epidemic being followed by a fatal issue to a great number of them. It is still committing its ravages, although not to such an extent as recorded in the report of the preceding year.

Number of Cases taken ill during the Year in the Taluq of Ponani.

Taken ill.	Recovered.	Died.	Unknown.
3,166	626	306	2,234

Not a case of cholera has yet occurred either in the town or in its vicinity.

There were 21 Europeans and East Indians treated during the year, and the following is a table of Native admissions, &c., for the year :—

	In-patients.	Out-patients.
Remained	9	29
Admitted	231	2,337
Total	240	2,366
Discharged	206	2,332
Died	14	...
Remaining	20	34

The prevailing diseases were small-pox, diarrhœa, dysentery, fevers, diseases of the skin, lungs, elephantiasis, hydrocele, wounds, and injuries.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 24th March 1875.

Conservancy of the neighbourhood generally.—Under this paragraph in the Inspection Reports submitted on the 29th January 1874 and 10th December 1875, respectively, I have enlarged on the insanitary conditions which exist in this town in a very concentrated form—conditions which still obtain, and this may, to a considerable extent, account for the low health-condition of the inhabitants, and the persistent prevalence of variola which is said to be of the worst type.

In the words of the Hospital Assistant in charge of the dispensary: "I never saw such a dangerous disease which I have observed this last three years. If 1,000 persons were taken ill, it is very hard to recover 10," and he supports this statement with the following table :—

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Months.	Taken ill.	Recovered.	Died.
January...	254	15	89
February	293	85	73
March	436	100	184
April	397	104	99
May	643	118	214
June	262	72	55
July	195	54	73
August	307	96	84
September	518	115	107
October	167	36	21
November	333	53	59
December	768	54	62
Total ...	4,571	912	1,120

Hospital.—During the period under observation the work and good effected by this dispensary has been very great, adding to the high character which its present Medical Superintendent has, by zeal, assiduity, and considerable professional ability, won for himself and the institution of which he has charge.

Principal Diseases.—The principal diseases for the last year were fevers, bowel-complaints, rheumatic and venereal affections, diseases of the nervous and respiratory system, abscesses and ulcers, itch, and also wounds and injuries.

Visitors' Book—General tenor of Remarks.—Favourable.

PRODDATORE.

Extract from Annual Medical Report by Passed Hospital Apprentice A. Annasawmy.

This is the second report after the institution was opened. I have much confidence to state by my one year's experience that the institution is no doubt a promising one. The light in which the institution is taken by the greater portion of population of this and the surrounding taluqs is very much favourable towards its improvement. This town is called Proddatore, which is divided into nine puttahs and two suburbs. It contains a population of 6,709, and the population of the district (Cuddapah), according to the late census, is 1,351,194. Of the two suburbs, one is called Ramasveram and the other Modamethopulla, situated to the left and right of the town respectively. In the former two grand festivals are celebrated every year, when the whole locality is rendered filthy and obnoxious by pilgrims who pour in together from distant places, as then great caution is necessary on the part of the local authorities to prevent the public from committing nuisance.

This dispensary was first established in October 1873, when A. Ragavaloo, No. 689, Second-class Hospital Assistant, was in immediate charge of it. It

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is under the support of the Local Funds. Only one medical subordinate who preceded me in charge of the dispensary. The present building is a rented one, and is pretty well ventilated and suitable to treat out-patients, but not sufficiently large for treating in-patients. The object of the Local Fund Board, it appeared, was to introduce in-patients as well as out-patients simultaneously, but they were unable to carry out their project for want of proper accommodation. They, therefore, sanctioned a temporary shed, at a cost of Rupees 300, to be erected behind the dispensary, which the contractor did not complete as per agreement for the first time; and when he rebuilt the shed as per contract, it was again rendered useless by the heavy rains of the last year, when the walls of the shed were cracked and sloped outwards, and it is now in a dangerous condition. Therefore the introduction of in-patients is postponed till the new dispensary building, which is now in course of construction, becomes ready and available for use. One cook-room and a latrine have also been constructed behind the present dispensary, of which the latter was washed down during the rains. No dead-house is attached to this institution. Occasionally dead bodies are sent for *post-mortem* examination, and much difficulty is then experienced for want of it.

The following table shows the number of admissions and deaths in the dispensary of out and in patients since its opening:—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1873-74	...	2,915	...	16·01	...	1
1874-75	...	4,744	...	12·9	...	1

There are some native practitioners about this place, and the state of medicine in their hands is unsatisfactory.

No European medicines could be procured from the bazaar here.

Vaccination is in a low progress. Majority of population do not understand the benefits conferred by the operation. No cases of inoculation came to my reach, but it is known from rumour that it was in use some time back.

Extract from Inspection Report by Acting Deputy Surgeon-General G. Smith, M.D., dated 12th January 1875.

Conservancy of the neighbourhood of Barracks and Station generally.—The town of Proddatore, with a population of 12,844 inhabitants, may be described as an irregular conglomeration of dark lime-stone and mud houses and huts built on a sandy plain guiltless of drainage, natural or artificial, without conservancy, and with a private cess-pit in every house enclosure.

The present dispensary is an ordinary dwelling-house, well situated in the town of Proddatore. It consists of two rooms placed one behind the

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other, with a verandah in rear, a backyard, and further back a mud erection intended for the reception of male and female in-patients. In the backyard a small cook-room has been devised, a passage has been opened from the street to the backyard, and the remains of a ruined and utterly useless latrine are to be seen in the neighbourhood.

The shed for in-patients has two wards, one for males 54′ × 13′ and one for females 18′ × 13′. The shed has mud walls, and is in a ruinous and dangerous state; the floor is of mud slightly elevated; on the eastern side the wards are open but protected by bamboo matting. The walls are cracked and the shed is totally unfit for the reception of patients; patients, indeed, have never been admitted to it. The female ward fell down some time ago and was rebuilt; it is now again unsafe and utterly out of repair. The backyard contains twelve iron cots exposed to the air. The cook-room is merely a matted-in small verandah. The back verandah has a thatched roof, and is used as a store-room for boxes. The store-room 18′ × 18′, is flagged, has a flat mud roof with central ventilator, and the roof is supported by four wooden pillars. The walls are of limestone slabs. The surgery is 18′ × 11′, flagged, with a flat roof and central roof ventilation. The walls are of stone, and there are three wall windows.

The front verandah is covered in by a grass and bamboo pandal; it is flagged with stone, and a flight of four steps leads down to the street.

The building is well enough suited for a dispensary; its locality is good, but there is no space for the erection of wards for in-patients, and the building, as a whole, is small and out of repair. The enclosure also is incomplete. Recently Government has sanctioned the erection of a new hospital and dispensary on a convenient site outside the town, and have passed the estimate for Rupees 8,050. In the plan of this building accommodation is provided for two native wards, each 39′ × 18′, for a European ward 16′ × 12′, for a store-room 16′ × 12′, and for a hall 16′ × 20′. I have not seen the finished plans, and cannot indicate wherein they are efficient or deficient.

Principal Diseases.—It is remarkable to what an extent venereal exists in the last three towns, the dispensaries of which I have inspected, *viz.*, Madanapalli, Cuddapah, and Proddatore. In all the towns named the disease is widespread *in domestic life.* Small surgical operations were performed. They were all trivial ones.

Visitors' Book—General tenor of Remarks.—Generally favourable.

PULNEY.

Extract from Annual Medical Report by Passed Hospital Apprentice T. H. Govind Singh.

Name of Town.—The town Pulney is situate in the district of Madura.

Population of Town and of District.—According to the last Census Pulney has a population of 13,217, and that of the district 2,266,615.

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This institution which is solely supported by the Local Fund Board, Dindigul Circle, was thrown open to the public in September 1872, since which period the dispensary has continued to work well and satisfactorily. It is pleasing to state that the dispensary is held in high estimation by all classes and castes, both males and females readily availing themselves of the means of relief afforded by the institution, and numbers attending it from the most distant villages and suburbs of the town.

Vaccination.—I have had several chances of meeting the vaccinator of the taluq at the dispensary, who expressed himself, with much regret, that all the work he did was by compulsion and not by consent. This is due to the benefits of vaccination not having been understood by the ill-informed and uneducated people. I take all possible means to accelerate the spread of vaccination by preaching to them on the benefits of vaccination. I moreover hear they object to the prophylactic during the presence of the disease. There are no inoculators present.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 30th December 1874.

Hospital.—Inspected on the present occasion, the building was found clean, and sufficient evidence was afforded of a well arranged internal economy.

Principal Diseases.—The principal diseases were fevers, rheumatism, dysentery, diarrhœa, venereal and skin affections, bronchitis, abscesses and ulcers. The following table will be found to furnish the number of sick treated since 1st September 1872, the date on which the dispensary was opened, to the present date.

Years.	No. of Self-supporting Sick.	Total Sick treated.	
		In.	Out.
1st September to 31st December 1872.	None.	21	2,132
Do. do. 1873.	47	67	2,245
1st January to 30th December 1874.	43	68	3,146

Midwife.—A respectable Native Christian, who received her instruction in midwifery in the "Madura Lying-in Hospital," has been attached to this. A very few calls have been made on her for aid, but this is to be expected in a town where *caste* prejudices are so pronounced and intolerant of innovation. It is in contemplation to remove her to another town in the district, Periacollum, but I would suggest that she should be permitted to remain where she is for a further period in the confident hope that gradually the inhabitants of Pulney will come to appreciate her services.

Visitors' Book—General tenor of Remarks.—Favourable.

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RAJAHMUNDRY.

Extract from Annual Medical Report by Surgeon H. HITCHCOCK.

Name of the Town.—Rajahmundry.

Population of the Town.—17,500.

Population of the District.—1,600,000.

Date of Establishment.—1854.

By whom originated.—By Government.

How supported.—By Municipality.

What Medical Officers have been in charge.—Surgeons J. L. Ranking, J. Foster, A. H. Beaman, J. Furnell, J. MacDonald, J. Croudace, J. Dougall; Apothecary J. Hargreaves; Surgeons W. Aitkin, J. E. Dickinson, C. Doig, A. E. Dalgairns, and J. Bilderbeck.

In each year since opening, or as far back as possible, give the following data.

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1856	383	1,126	35¼	41¼	15	...
1857	608	1,089	72	82½	31	26
1858	487	3,183	57¾	112½	24	7
1859	269	4,834	46¾	110¼	12	13
1860	450	3,161	39¾	93	16	16
1861	466	2,498	26	67	33	12
1862	494	2,140	26	59½	16	2
1863	208	2,084	15¼	48½	17	5
1864	232	2,706	14½	50½	21	1
1865	180	2,428	15	62¼	27	30
1866	203	2,983	15	48	34	45
1867	171	4,131	16½	41½	15	4
1868	190	3,953	9½	51½	18	2
1869	170	4,818	10½	57¼	9	...
1870	174	4,008	7¾	56½	22	7
1871	217	4,654	10¼	61¾	16	2
1872	212	4,358	11	53¾	22	1
1873	213	3,882	11	52½	17	...

Dimensions of the Hospital.—The dispensary consists of the following compartments:—

(1) Office 12′ × 10′, (2) operating-room 12′ × 10′, (3) surgery. On the left of the surgery there is a male ward 24′ × 18′ accommodating seven beds, and a special case ward 18′ × 9½′. On the right of the surgery a female ward 24′ × 18′ and a venereal ward 18′ × 9½′; a front and back verandah adjoining the surgery; on either side there is a store-room on the right and a mussalchee's room on the left.

If there be any Police Hospital or Lying-in ward, their histories and good doing.—The Police Hospital is situated in the cantonment about half a mile away from the dispensary. A lying-in ward has been sanctioned, and will shortly be erected at a cost of Rupees 1,300.

State of Medicine among the Native Practitioners, Hakeem or Tahib, Pundit or Vythian, or others.—The native practitioners treat their sick on the principle of starvation (Lunkhanum) and mercurials afterwards; when the

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case assumes a dangerous character they abandon the sick, who are frequently brought to hospital to die.

What European medicines are available in the bazaar, and to what extent do Native Practitioners or the people use them.—There are two bazaars in town where European drugs are procurable, such as quinine, laudanum, preparations of iron, iodine, and mercury, essential oils, *viz.*, peppermint, cloves, ooryophylli, &c. Mercury is extensively used almost in all cases, resulting in profuse salivation, loss of teeth, cachexia, and caries of bones.

State of Vaccination and views of the people as to its virtues. Are there Inoculators present.—I regret to state that vaccination is not very favourably viewed by the inhabitants. The higher and well-to-do classes of the native community object to the operation on the grounds of caste prejudice; and many of the lower classes close the door against the vaccinator, and stoutly refuse bringing their children forward, notwithstanding the batta offered to them. I have on two or three occasions accompanied the vaccinator, and I could scarcely procure half a dozen children in the villages for vaccination; nothing short of compulsory vaccination is urgently required here, particularly in a station where small-pox has been known to prevail some years past to an alarming extent. There are no inoculators in town.

Nine hundred and eight cases have been vaccinated during the past year: 688 were successful, 130 unsuccessful, and 90 unknown. The batta distributed during the year amounts to Rupees 16-5-0.

The prevailing diseases treated during the past year were fevers 447, diseases of the stomach and bowels 1,366, rheumatism 116, venereal affections 31, eyes 376, ears 292, lungs 131, abscess and ulcers 383, and itch 358.

Principal Diseases and classes of disease prevalent during the year.—The principal diseases during the year amongst the in-patients were rheumatism 20, venereal affections 17, ulcers 19, general debility 23, wounds and injuries 68: a greater portion of these were wretchedly poor. Most of the cases of wounds were of a severe character, sent in by the Police. All the cases of wounds have healed very kindly under treatment, except two young lads who were gored by a bullock, brought to the dispensary a day or two after the accident in a collapsed state with protrusion of the bowels. The bowels were returned, and the wounds closed; opium and stimulants were given without any good effect: they died shortly after admission.

The deaths during the period under review (16) have not been quite so numerous as last year. Many of these occurred in persons in the very last stage of disease, and destitution, being frequently found lying about the roads and brought in by the Police. This of course makes the mortality appear higher than it otherwise would be; but though clearly beyond remedial aid it is impossible to refuse refuge to dying creatures.

Six in-patients supported themselves whilst under treatment in hospital.

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Extract from Inspection Report by Deputy Surgeon-General W. J. VANSOMEREN, M.D., dated 26th December 1874.

Hospital.—The building has not been washed with lime for $2\frac{3}{4}$ years: its flooring is in a very dilapidated condition; the wooden fence has almost entirely disappeared; the compound, though clean itself, is in the vicinity of huts, about which there are a great deal of litter and refuse, and even some human ordure, for here, as elsewhere, the people neglect the public latrines and ease themselves where they list. Repairs have been commenced in the hospital. The natural drainage is good, and of artificial drainage there is none.

Entering the office from the east, you pass into an operating-room, the wood work of whose sky-light is tumbling down, then into the surgery and the back verandah. On the right of the surgery are two female wards (No. 3 is $24' \times 18' \times 15' = 432$ superficial feet = 6,480 cubic feet, ventilated by four doors, $9' \times 4'$ each, and ridge ventilation, which is carried through all the wards. It accommodates six patients with an allotment of 72 superficial and 1,080 cubic feet to each. No. 2, male ward, left of surgery, has the same dimensions and accommodation and ventilation. Nos. 1 and 4, left and right of the hospital, are each $18' \times 9\frac{1}{2}' \times 4' = 171$ superficial feet = 2,565 cubic feet, ventilated by two doors $7' \times 4'$, and two windows $4\frac{1}{2}' \times 4'$, and accommodating three patients with 57 superficial, and 855 cubic feet to each. No. 1 is a male ward for special cases, and No. 4 a female venereal ward.

There are a male and a female latrines behind the building, of primitive construction on the dry system, where coal tar is used; also a store-room, an ill-ventilated, small and close dead-house, a leaky kitchen, three small mud huts thatched with cadjan leaves with one door and one small window for caste patients, and a contagious epidemic ward to the north-west, built of bamboo and thatched with cadjan leaves, where I have recommended tar to be spread over the mud floor. There is a lamp-room, left of the operating-room, on the front verandah, and a medical store-room on the right.

The hospital is on a basement about three feet high, and has a thatched pandal in front.

Drinking water, clear and good, is obtained from a well in the compound, and also from the Godavery. No filters used.

Nature, character, and condition of bedding and furniture.—Very manifestly the supplies of bedding must be inadequate, as with twelve quilts in use, and as more in hospital or at the wash, there cannot be a change. Seventeen paillasses are in use, seven with the dhoby, and only four in store. Seventeen cumblies are in use, two at the wash, and only one in store.

Principal Diseases.—Malarial fevers, rheumatic affections, diseases of the digestive system, cutaneous diseases, and those of the eyes and ears have prevailed, but mortality has occurred to the extent of five cases under general debility and four of diarrhœa (the highest numbers under any one head) in paupers brought by the Police into hospital simply to die.

Note generally what recommendations have been made to Local Authorities regarding Barracks or Hospital.—Surgeon-Major Bilderbeck and Honorary

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Surgeon Hitchcock (the former when in temporary charge) have represented much needed repairs, improvements, and additions. A new dead-house, for which a good site has been selected north-east of the hospital and outside its limits, but close to it, but the sanction for such a place seems still doubtful. Two good bath-rooms, a better roof to the kitchen, and repair of the wooden fence. Dr. Bilderbeck's letter was dated 16th April 1874, and the repairs are only just commenced. There is the desire, I believe, to do well, on the part of the municipality, but the *funds* are wanting, and the natives would not help as they should. A general effort in the *district* at large, and similar to that which has served to endow the dispensaries at Cuddalore and Cuddapah, would doubtless succeed here also, but that effort, though recommended by Dr. Bilderbeck, has not yet been made.

How supported and maintained.—By the municipality to a very small extent, the interest of a small invested capital (Rupees 4,320-6-8) and principally by the subscriptions of the community, especially the European. Indeed only two natives help, and one of these gives 10 and the other 3 Rupees per mensem.

Visitors' Book, &c.—Favourable as respects cleanliness and order.

RAMNAD.

Extract from Annual Medical Report by Native Surgeon Y. ANTHONY.

Name of Town, Population of Town and of District.—What is now called the town of Ramnad was formerly composed of two villages—one, which was situated within the old fort and which was the residence of the zemindar, his relatives, and a few of his officials and Brahmins who had connexion with his palace; the other, which was situated outside of the fort, was called Velepatam. It is the residence of independent tradesmen and artizans who have no connexion with the zemindar. Since the demolition of the fort the two villages have gradually merged into one large town which has about 2,000 houses and a population of 12,220 inhabitants. During the lifetime of the zemindar several men had taken employment under him from other districts, who have left the place since his death, but this does not appear to have produced any sensible effect in the number of the population.

Date of establishment.—The dispensary was first opened to the public on the 11th September 1867, after a due notice of it was given by beat of tom-tom to the people of the town and by a circular issued by the late zemindar to his Tahsildars; the villagers in their taluqs were also informed of it.

By whom originated and how supported.—The credit of the first suggestion of the establishment of a dispensary in this place is due as far as I am aware to Dr. Shortt, who, during his tour of inspection as a Superintendent-General of Vaccination, is reported to have pointed out to the then Manager of the Zemindary, late Ponnoosawmy Thaver, the extreme necessity of having an institution of the kind, not only for the benefit of the people of this place, but also for thousands of pilgrims passing through this place from different

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parts of India to Ramesuram. The Ranee, through her Manager, appears to have given her consent to furnish a building and pay for the dieting of the sick and for the menial servants, while Government undertook to supply medicines and instruments, and pay for the medical staff, which arrangement was in force till the death of the late zemindar. Since the transfer of the dispensary to the Local Fund Board, the estate pays an annual sum of Rupees 1,000 for the support of the institution, while the remainder is paid by the Local Fund Board.

What Medical Officers have been in charge.—Native Surgeon Y. Anthony Pillay is the Medical Officer in charge of the institution ever since its establishment, though occasionally when he was on leave and when he had been to Madura in 1869 to act for the Zillah Surgeon for about four months First-class Hospital Assistant Coopoosawmy Pillay, No. 381, of the Head Assistant Collector's Department, was in temporary charge of it.

Comparative Table of Admissions for the last seven Years.

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
			Natives.			
1868-69	321	4,553	19	$59\frac{1}{4}$	9	...
1869-70	345	4,989	$19\frac{1}{2}$	$48\frac{3}{4}$	11	15
1870-71	291	6,587	$15\frac{1}{4}$	66	14	92
1871-72	335	7,138	$18\frac{1}{4}$	75	13	7
1872-73	352	9,040	$15\frac{1}{8}$	$89\frac{1}{4}$	10	8
1873-74	301	8,803	17	$88\frac{1}{4}$	17	...
1874-75	358	10,663	$13\frac{1}{4}$	113	9	...
			Europeans.			
1868-69	...	...	...	...	...	...
1869-70	...	...	...	...	...	...
1870-71	...	...	...	...	...	...
1871-72	2	...	...	...	...	...
1872-73	2	23	$\frac{1}{12}$	$\frac{3}{4}$	1	...
1873-74	1	24	$\frac{1}{24}$	$\frac{1}{4}$	...	...
1874-75	...	1	...	...	...	...

Dimensions of Hospital.—

(1.) *Male Ward.*—Length 51 feet. Breadth 15 feet. Length of wall to the junction of eaves 10 feet. Length of wall to the roof ridge $19\frac{1}{2}$ feet. Ventilation by doors and windows only. Doors two, each being 6×3 feet. Windows four, each being 4×3 feet.

(2.) *Female Ward.*—Length 61 feet. Breadth 10 feet. Length of wall to the junction of eaves 8 feet. Length of wall to the roof ridge 14 feet. Ventilation by doors and windows only. Doors two, each being $5\frac{1}{2} \times 2\frac{3}{4}$ feet. Windows nine, each being 4×3 feet.

(3.) *Ward of Caste Patients.*—Length 40 feet. Breadth 10 feet. Length of wall to the junction of eaves $7\frac{1}{2}$ feet. Length of wall to the roof ridge 14 feet. Ventilation by doors and windows only. Doors two, each being 6×3. Windows four, each being 4×3.

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If there be any Police or Lying-in Hospital.—There is a Police Hospital in the station under the charge of a Hospital Assistant, who is directly responsible to the Zillah Surgeon. As I have no official connexion with him, I have not interfered with him. From what I have learned from the Hospital Assistant himself I believe he has not been supplied with medicines for nearly two years. The former Hospital Assistants had invariably attended the Civil Dispensary in the mornings and evenings where they derived great advantages by attending upon several interesting cases presenting themselves for treatment. The present Hospital Assistant Coopoosawmy, No. 802, although frequently requested and advised to attend the dispensary and help my Assistant, has not done so. He has the whole day to himself, and with the exception of half an hour which will be ample for four or five patients he has in his hospital, what he does at home I am unable to guess. The Police Hospital Assistant at Madura attends the Civil Dispensary there, and so does the one belonging to the Collector. Why the Police Hospital Assistant at Ramnad could not attend the Civil Dispensary here when he has ample opportunities at his disposal I leave the head of our department to decide.

There is no Lying-in Hospital built as yet, though sanction is given by Government, but a nurse was employed on Rupees 10 a month, of which I had to pay half from local subscription. She had practised very acceptably in the town and attended 24 cases, a list of which is herewith forwarded. The hospital will soon be built, and the amount raised for its support, amounting to Rupees 2,699, is transferred to the Local Fund Board.

Native practitioners use their own medicines, which too is not much studied by them all, though a few have a superficial knowledge of it. Some make an indiscriminate use of mercurial preparations.

What European Medicines are available in the Bazaar.—No European medicines are procurable in the bazaar, and none of the native practitioners are able to send for them from elsewhere, as the people will not pay for them when they know they can obtain them gratis at the dispensary. Some months back it was reported that a hawker went about selling peppermint and santonine lozenges which were bought and used freely by the people at Keelakaray nine miles to the south-west of Ramnad and at Moothoocoolathoor 20 miles south of it.

Vaccination.—Vaccination is sufficiently well appreciated by the people, and if it is not practised in the town it is due to the want of a vaccinator. My Hospital Assistant is so fully occupied in the dispensary that he can hardly spare time for it, which I had frequently brought to the notice of the Deputy Surgeon-General during his annual inspection. The Police Hospital Assistant is the only one who has more than sufficient time to spare for the purpose. If he is ordered to go with me once a week, I can select a favourable spot in the town where we can perform the operation without the least inconvenience to the public. There is no inoculator in the town.

Are there any Native Oculists or Lithotomists in the district.—There are no oculists or lithotomists in the town or its neighborhood, or even in the whole zemindary. Six years back when our institution was not sufficiently known to the people around, some oculists from Hyderabad were reported

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to have come around and performed the operation. I have not heard of their having repeated their visits since.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 23rd October 1874.

The following table will be found to indicate the admissions and deaths of in and out patients during the last five years :—

Self-supporting Sick.		Years.	In-patients.		Out-patients.	
1873.	1874.		Admitted.	Died.	Admitted.	Died.
29	56	1870	297	12	6,426	105
		1871	316	10	6,801	5
		1872	370	13	9,107	4
		1873	290	12	8,178	1
		1874	295	10	9,353	...

The following table shows the mortality amongst in and out patients during the last five years :—

	In-patients.	Out-patients.
1870	12	105
1871	19	5
1872	13	4
1873	12	1
1874	10	None.

RANEEPETT.

Extract from Annual Medical Report by the Rev. J. Scudder, M.D.

	In-patients.	Out-patients.
Europeans and East Indians	...	277
Hindus and Mahomedans	343	5,884
Total ...	343	6,151

The whole number of patients treated during the year amounts to 6,504, not quite as many as the previous year, being 171 less. Many patients come to the dispensary from Old Arcot and the district south of the Palar river. These were cut off for a part of the year from applying for medical aid by the high state of the river. The number of in-patients are greater by 32.

The general state of public health has, until the latter part of the year, been very good. We have been free from cholera and small-pox, but for the past few months fever of a bad type has prevailed and has proved fatal to many. The cases brought under treatment at the hospital required large doses of quinine, which had to be continued for days before the fever would yield. It left its victims in a very anæmic condition which required a long course of tonic treatment to restore them to perfect health. Some

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persons who neglected to care for themselves after the fever was broken paid for their neglect with their lives.

The usual diseases, such as ague, rheumatism, diarrhœa, dysentery, bronchitis, ophthalmia, syphilis and the various diseases of the skin have been more or less prevalent.

Dr. J. Martin was employed by the Arcot Mission for six months to aid me in the medical work. We hoped that the Local Board would pay his salary, but as they refused to do this, we were compelled, for the want of funds, to dispense with his services. Our Home Board has now sent out Dr. H. M. Scudder for the medical work. He has given particular attention to the diseases of the eye, so that in future there will be no necessity to send the serious eye-cases away from the hospital, as he will operate for all diseases requiring surgical interference.

Lying-in Hospital.—This institution will soon be opened. A certificated midwife, Mrs. W. Dixon, has accepted the position of nurse, but as she had prior engagements, she will not be able to join before the middle of June, when we hope to make a beginning. Though we may not have a very large number of confinements, still I feel assured that the presense of a nurse will induce many women who are suffering from diseases of the womb to apply to us for aid, who would not otherwise do so. If this proves true, the institution will be a blessing to the community, even though we had only a very few cases of child-birth.

Extract from Inspection Report by Deputy Surgeon-General W. J. vanSomeren, m.d., dated 3rd April 1875.

This was formerly an European barrack. It is now enclosed within a masonry wall of its own. The compound is not clean, for there is not only a large quantity of dried leaves in it, but even some garbage as well. The hospital itself is clean, and a substantial lofty tiled building it is, with a double verandah in front and behind. It has a male and a female ward, a surgery, and medicine and conicopoly's store-rooms. Each ward is $49\frac{1}{2} \times 40' \times 17'$ has two doors and five windows, and would accommodate 25 patients, with 1,746 cubic feet to each, and almost eight superficial feet. In a detached block for caste patients there are four rooms, each $14' \times 10' \times 10'$ and two smaller chambers (used for cooking) $10' \times 10' \times 6\frac{3}{4}'$ with six doors and two windows between them. The absence of all artificial ventilation is a manifest defect here. At the northern extremity of the block is an uncovered latrine, where no earth and no coal-tar are used. An airy, good sized dead-room exists at the south-west corner of the compound. Behind the hospital, at the north-west corner, is a privy for males, unprovided with trenches, but provided with a seat. It was dirty and offensive, and neither coal-tar is used nor earth conservancy maintained in it. The patients had fouled the ground at its entrance also. At the north-east corner and connected with the hospital by a covered way is the female privy, which is trenched, has earth in its furrows, and coal-tar occasionally used. The urinary channel leads into a large masonry cess outside—a very

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objectionable arrangement. I have requested Dr. Scudder's attention to the necessity of an earth reservoir, of the more free use of tar, of a tarred bucket in the urine cess in this female latrine, and of the assimilation of the male latrine to it in construction. Outside and east of the hospital wall, at the distance of about 40 yards, is the lying-in hospital, a lofty, oblong, square building, clean throughout, and with a portion walled off to serve as a labor room, and store for instruments and medicines. It is $56' \times 44\frac{1}{2}'$ with two doors and five windows, and the adjoined off space is $14\frac{1}{2}' \times 13\frac{1}{2}'$ with one window. The kitchen block and a block for bullocks lie behind the hospital; and in front, at the entrance into the compound, there are two wards, formerly the barrack-guard rooms, where, at present, nine lepers are housed. These rooms are ventilated by doors, windows, and ventilators, either low down in the walls or in gables, or both. Drinking-water is obtained, clear and good, from a well-built well, about 500 yards to the east, resorted to by all the European residents. It is not filtered. Excreta are removed once daily to a paddy-field about a quarter of a mile-away. The neighbourhood of the hospital is fairly conserved. There has been hitherto an oil-lamp lighted in each ward, but kerosene lamps have been purchased to replace them.

Supported by the Local Fund Board and the Board of the Mission in America, to which Dr. Scudder belongs. The clothing is deficient, and the establishment of servants needs a gardener to make it complete and efficient.

SAINT THOMAS' MOUNT.

Extract from Annual Medical Report by Surgeon-Major
J. E. DICKINSON.

Population of town and of district.—Population of St. Thomas' Mount, 15,480; population of Chingleput, 975,511.

Date of establishment.—1st August 1873.

By whom originated.—By Government.

How supported.—By Government.

What Medical Officers have been in charge.—Surgeons-Major D. Kearney and J. E. Dickinson, Senior Apothecary J. Tyrrell, Apothecaries Carpenter and W. Leach.

In each year since opening, or as far back as possible, give the following data.

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1873-74	26	2,742	2	53	4	1
1874-75	71	3,584	$3\frac{1}{3}$	$12\frac{1}{3}$	11	...

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Dimensions of Hospital.—Male ward, length 27 feet 9 inches, breadth 16 feet 10 inches, height 16 feet 8 inches. Female ward, length 18 feet 8 inches, breadth 14 feet 7 inches, height 9 feet 1 inch.

State of medicine among the Native Practitioners.—There are a number of native practitioners who use Native and European drugs.

What European medicines are available in the bazaar.—Nitrate of silver, quinine, turpentine, soda, tartaric acid, sweet nitre, and copivi are procurable in the bazaar, and used by Native doctors principally.

Vaccination.—Vaccination is much esteemed by the Natives of this station. No inoculators present.

During the year under review, from 1st April 1874, to 31st March 1875, four Europeans have been admitted for treatment, of whom one died from continued fever, and 1,516 have been treated as out-patients, which, with one out-patient remaining on the 31st March 1874, makes a total of 1,521 European patients, in and out, treated, with only one death.

The principal diseases among these 1,521 patients have been constipation 402, bronchitis 132, ague 108, febricula 101, dyspepsia 92, worms 88, colic 73, diarrhœa 71, dysentery 32, rheumatism 77, ulcers 37, general debility 35, boils 28, itch 24, abscess 22, sprains 12, and 8 wounds, gonorrhœa 4, primary syphilis 1. No deaths occurred among the out-patients.

During the same period 72 Natives were treated as in-patients, and 2,077 as out-patients, making a total of 2,149. Of the in-patients 10 died, as follows:—3 from diarrhœa, 2 from wounds, 1 from phagedæna, 1 from hydrophobia, 1 from syphilitic ulceration, 1 from heart disease, and 1 from ulcer.

Extract from Inspection Report by Deputy Surgeon-General W. J. vanSomeren, M.D., dated 5th March 1875.

Hospital.—The hospital was clean throughout, but its walls require chunaming here and there. The vicinity of the hospital also was clean. Natural drainage is defective, but a very good masonry drain runs round the hospital just outside its compound, and must help materially to carry off all surface water.

Good water and sufficient is derived from a well in the neighbourhood, and filtered through a common chatty filter.

Each Civil Hospital ward is lighted by a coarse castor-oil lamp at night, and a lamp is hung in the arch between the police and detail hospitals to illuminate both of them.

No caste wards and no wards for contagious diseases exist. But at the right hand further corner of the enclosure is a leaf pavilion dead-house, with a dissecting table, wash-hand stand, and a writing table with drawers in it.

Principal Diseases.—The principal diseases treated at the dispensary have been constipation, ulcer, bronchitis, ague and dyspepsia. Five East Indians

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and 62 Natives, 67 in all, have been the in-patients of the year; the out-patients have numbered 3,363. Twelve deaths have occurred, two being the highest number under the heads of chronic diarrhœa and gangrene.

How supported and maintained.—The institution is supported entirely by Government, which liberally supplies all its need.

Visitors' Book—General tenor of Remarks.—No visitors' book, but I have requested that one be opened.

SALEM.

Extract from Annual Medical Report by Surgeon-Major R. E. Pearse.

——	In.	Out.	Total.
Remained 31st March 1874 ...	12	37	49
Admitted	234	9,872	10,106
Total	246	9,909	10,155
Discharged	222	9,806	10,028
Died...	18	1	19
Remaining 31st March 1875 ...	6	102	108
Average daily sick	13·24	58·62	71·86

On the present occasion, before proceeding to report on the work of the year under the several heads indicated in the Code, it will be necessary for me, in conformity with Circular No. 7,204 from the office of the Surgeon-General, dated 4th November 1874, to offer some observations on the past history and present position of this dispensary under the several headings therein laid down.

Name of Town, Population of Town and of District.—The town of Salem, which is the capital of the district of the same name, is a large scattered place, having, according to the recent Census, a population of 50,012, or in round numbers 50,000, the great majority of these being Hindus, but with a certain population of Mahomedans who, for the most part, inhabit the district known as "The Fort," standing as it does on the site which the fort of Salem once occupied. The general lie of the town is east and west, being broken up into several sub-districts, all following more or less the course of the river, which runs through the town in a direction from north-east to south-west. Thus following the river, we come successively along its southern bank on (1) the Patnool or silk weavers' quarter, (2) the Agraharam or Brahmin quarter, (3) the Big Bazaar or Salem Proper, beyond which the river takes a sudden turn, bending twice at nearly a right angle; in this angle is (4) "The Fort" or Mahomedan quarter on the northern bank with (5) Shevapett, the great business quarter beyond it on the same side, and on the opposite or south bank, (6) Gogay, or the cloth weaver's quarter. On the outskirts of these divisions lie other smaller and separately named hamlets or caste villages included within Municipal limits, but they

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call for no remark, as they furnish but a very insignificant portion of the population.

As a large proportion of the in-patients treated in this dispensary have always been district not townspeople, it may not be out of place to add that the district of which Salem is the chief town comprises nine taluqs and a population of close on two millions, thus—

1.	Salem	393,805
2.	Ahtoor	164,006
3.	Trichengode	249,678
4.	Namkul	261,009
5.	Kistnagherry	170,233
6.	Dharampury	190,626
7.	Oossoor	193,037
8.	Tripatore	190,800
9.	Utengherry	153,801
		1,966,995

to whom (until the establishment of the charitable dispensary at Oossoor, and the still more recent institution of Local Fund Dispensaries at several of the taluq head-quarters) the Salem Dispensary was the sole resource in serious cases or those requiring surgical interference.

By whom originated.—By reference to the old records I find that the Salem Dispensary was founded just thirty years ago, *viz.*, in August 1845. There is no precise record of the circumstance which led to its being established, but, so far as I can ascertain, a considerable sum was subscribed by the people of the town, both European and Native, the sum thus collected being further supplemented by a Government grant; at the same time Government undertook the erection of the building and, on its completion, provided the necessary staff. The building which thus came into existence remained unaltered for five and twenty years, and still exists as the present in-patient department. The improvements and additions of the last four or five years arose thus.

In the year 1869 a considerable sum of money, Rupees four thousand four-hundred and odd (the district share of the surplus famine fund), was placed by Government at the disposal of the Collector for employment upon charitable purposes likely to benefit the people at large; the bulk of this money, after considerable discussion, and with the consent of the community generally, I succeeded in securing for the improvement of the dispensary by the erection of a separate department for the out-patients, and a detached ward for contagious diseases, largely adding at the same time to the size of the compound and grounds. The original sum has, of course, been long since expended, but as in the interval the hospital passed into the charge of the municipality, the amount has from time to time been, on my representation, supplemented by the Commissioners, until, at this time of writing, the plans which, when I first spoke of them were regarded as ridiculously sanguine and unlikely ever to be accomplished, are now slowly but surely approaching completion, and the end of 1876 or 1877

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will probably see the Salem Dispensary composed of separate in and out-patients' departments, an isolated building to be used as a contagious diseases ward, and a series of detached huts suitable for the reception of caste patients or for use as lying-in wards: the three former already exist, and the fourth is but a question of time when this stage is reached, all likely to be needed for many years to come will, I think, have been achieved.

How supported.—When first started the hospital was entirely supported by Government, who met all expenses; this continued until 1861, when the salaries, medicines, and instruments were allowed by the Government, together with a grant of Rupees 50 per mensem, and the other expenses met by local contributions; next in 1866 the Government grant of Rupees 50 per mensem was withdrawn and Rupees 100 a month paid by the municipality instead. Whilst since 1st May 1871 all expenses have been defrayed by the municipality (25 per cent. of the pay of the Native Surgeon alone excepted).

Abstract Statement from foundation to date.

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.		Name of Medical Officer in Charge.
	In.	Out.	In.	Out.	In.	Out.	
1845 ...	85	281	8·2	27·4	1	4	
1846 ...	128	1,090	6·50	31·58	30	4	
1847 ...	150	1,672	9·1	41·	21	21	
1848 ...	95	1,684	5·6	39·17	19	13	
1849 ...	79	1,757	5·58	43·3	11	14	Asst.-Surgeon W. Scott, M.D.
1850 ...	85	2,018	9·	39·	11	13	
1851 ...	85	2,734	9·	41·75	16	9	
1852 ...	71	2,384	6·25	43·25	5	10	
1853 ...	82	2,214	8·	45·25	13	9	Do. W. Johnston, M.D.
1854 ...	133	2,314	10	43	24	9	
1855 ...	142	2,580	6	39	25	17	
1856 ...	126	2,669	7	36	17	3	
1857 ...	211	2,601	8	35	54	11	Do. H. K. D. Marret.
1858 ...	218	2,979	11	39	24	6	
1859 ...	185	3,995	11	45	25	2	
1860 ...	195	4,147	10	42	30	10	
1861 ...	213	4,260	8	43	39	5	Asst.-Surgeons Marret & H. Croker, M.D.
1862 ...	210	4,160	9	44	48	6	Asst.-Surgeon H. K. D. Marret.
1863 ...	161	4,191	7	36	31	4	
1864 ...	172	4,540	6	45	24	12	Do. W. H. Roberts, M.D.
1865 ...	172	4,305	8	44	31	8	
1866 ...	254	4,081	11	33	69	4	Do. J. Wilson.
1867 ...	154	3,858	5	18	10	3	Do. H. Y. Meyer.
1868 ...	184	4,668	9	28	22	21	Do. W. H. Roberts, M.D.
1869 ...	171	4,445	10	21	18	19	Asst.-Surgeons McDermott & Pearse.
1870 ...	152	4,519	12·6	23·8	17	30	
1871 ...	167	5,840	13·04	31·41	21	11	Assistant-Surgeon R. E. Pearse.
1872 ...	198	7,913	14·51	45·16	18	8	
1873 ...	237	7,996	15·42	61·93	29	7	
1874 ...	241	8,795	14·62	48·19	17	1	Asst.-Surgeons R. E. Pearse and A.N.B.Harrison, Ag.Mar. to July.
1874-75* ...	246	9,909	13·24	58·62	18	1	Asst.-Surgeon R. E. Pearse and do.

* This is the first time annual returns have been required for the official, instead of calendar year.

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The dimensions of the hospital are as follows :—

1st.—External Measurements.

(a.) In-patients' block 150′ × 190′. Main building 86′ 6″ × 42′ 6″.
(b.) Out-patients' block 168′ × 136′. Main building 54′ × 28′ 6″.
(c.) Contagious diseases ward block 136′ × 100′. Main building 34′ 6″ × 25′ 6″.
(d.) Vacant block for huts 370′ × 90′. No buildings as yet.

2nd.—Internal Measurements.

(a.) In-patients' block.

1. Male ward No. 1	30′	× 16′
2. Do. No. 2	16′	× 10′ 6″
3. Female ward No. 1	16′	× 16′
4. Do. No. 2	16′	× 10′ 6″
5. European and East Indian ward	16′	× 12′
6. Special wards (for single patient)... ...	10′ 6″	× 10′ 3″
7. Bath-rooms (two) each	10′ 6″	× 10′ 3″
8. Depth of verandah		11′ 6″
9. Cook-house	30′	× 13′ 6″
10. Two latrines, each	15′	× 11′

The roof of this building is "pent," giving a height of 18′ 6″ to the walls of the larger rooms and a mean height of 11′ 6″ to the verandah rooms. Ventilation "ridge."

(b.) Out-patients' block.

1. Surgery and Dispensary room	25′ 6″	× 14′
2. Room for reception of out-patients ...	20′	× 11′ 9″
3. Office-room	20′	× 11′ 9″
4. Store-room	12′ 9″	× 14′
5. Examining-room	12′ 9″	× 14′

The two latter are really a single room divided by a screen into two portions.

Height of walls.

(1.) Central 15′ 6″. (2.) Lateral 12′ 6″. Roof terraced.
(6.) Front verandah 11′ 6″ deep and 54′ long.
(c.) Contagious Diseases Ward.

1. Ward...	31′ 6″	× 16′
2. Bath-room	9′	× 6′ 6″
3. Examining-room	9′	× 6′ 6″
4. Front verandah	34′ 6″	× 8′ 3″
6. Back do.	20′	× 10′

This building has a pent roof and eaves ventilation, giving a height of 12¼′ to the walls, the bath-room and examining-room being built in the slope of the back verandah, but with a basement one foot lower.

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(*d.*) As regards the plot of land left vacant for the erection hereafter of separate huts, it is a strip extending backwards in rear of the contagious ward and measuring about 370′ long by 90′ broad.

If there be any Police Hospital or Lying-in Hospital.—I have only to say that there is no separate lying-in ward, but that hereafter, if necessary, one or more of the proposed separate huts can be devoted to this purpose from time to time as required; whilst all information regarding the Police Hospital has already been furnished in my annual report on that hospital, dated 1st January, to which, therefore, I beg to refer.

State of Medicine among the Native Practitioners.—So far as I can learn the state of medicine amongst the native practitioners, both of the town and district, is very backward, there being but two men (Vythians) of any considerable repute amongst the people. There is also a third man who limits himself to pure minor surgery and works fairly up to a certain point, whilst to judge by the condition of injured and wounded people (especially fracture cases) when admitted into hospital after having been first subjected to native treatment, nothing can possibly exceed the ignorance and (in a scientific point of view) barbarism of the proceedings of the native practitioners generally. Of course in addition to those named above there are many others who practise amongst the people, either generally or at some speciality, but none, so far as I can learn, who have established any great reputation for themselves amongst the townfolk or whose practice is at all large.

What European Medicines are available in the bazaar.—I append a list embracing most, if not all, the medicines known to the British and Indian Pharmacopœia, which are procurable in the local bazaar. The uses to which they are applied often differ considerably from our European mode of employing them, but still they are distinctly used as medical or remedial agents, and therefore fall, I fancy, within the category referred to in paragraph 10. For convenience of reference I have divided the substances into two groups, *viz.*, indigenous or country-made, and non-indigenous or imported.

Indigenous or prepared in the country.

Abri radix.
Acetum.
Aconitum heterophye radix.
Andrographis caules.
Arachis oleum (procurable in the district, not bazaar).
Azadirachtæ cortex.
Bonducellæ semina.
Calotropis cortex.
Chiretta.
Crini radix.
Datura alba.
Dipterocarpus balsam (crude).
Oleum ricini.
Do. gingelly.
Nucis vomicæ (semina).
Olibanum.
Opium.
Pharbitis semina.
Potassæ nitras.
Ptychotis fructus.
Senna Indica.
Sinapis Indica.
Sodæ sulphas.
Tinosporæ caules.
Zingiberis radix.
Aloes.

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Granati cortex.	Assafœtida.
Hemidesmi radix.	Cardamomi semina.
Hydrocotile pulvis.	Caryophilli do.
Isphagulæ semina.	Catechu nigrum.
Croton (semina).	Cinnimmomi cortex.

Imported.

Acaciæ gummi.	Ferri sulphas.
Acetum.	Gallæ.
Alum.	Hydrargyrum (salts of).
Ammonii chloridum.	Oleum terebinthinæ.
Borax.	Petroleum.
Cambogia.	Quinine (not always).
Camphor.	Resin.
Cubebs.	Sulphur.
Cupri sulphas.	Mustard.

The preparations of mercury, which are used by the native practitioners, are for the most part very crude and impure forms of the bichloride, having no precise equivalents in our pharmacopœial nomenclature. With the following five exceptions, *viz.*, (1) abri radix, (2) arachis oleum, (3) calotropis cortex, (4) dipterocarpus balsam, and (5) acaciæ gummi, the whole of the substances enumerated in the above list are more or less used by the "Native Doctors," though not always in the same form or even the same part of the plant, as for instance croton, where the seeds are used never the oil, or nux vomica, where preparations like our tincture or extract are unknown, and so on; in short the more powerful and portable preparations of European medicine are, as might naturally be expected, largely represented by the more simple and cumbrous forms of powder, infusion, and decoction. The salts of soda generally in a very impure form are much used as saline purgatives, especially the sulphate.

Vaccination.—Vaccination holds much the same place in Salem that it does in most other large towns of Southern India, which have for many years been the head-quarters of the European community, that is to say a certain proportion of the people are vaccinated, but a much larger proportion are unprotected, whilst the interest in the matter evinced by the community at large is simply *nil.* Some classes, as the Komaties, the Pulleys, certain sections of the Weavers, and the mat and bamboo workers, are openly and distinctly hostile to it, nor do I see the least chance of real progress until some steps in the direction of "Compulsory Vaccination" are taken by the Legislature. To what extent the country is prepared for such a measure is, of course, a matter of opinion, but I cannot help thinking that it might fairly be pushed a little further than the present regulations on the subject require. As things stand now, no one, except he be a candidate for Government employment, is required to have himself vaccinated; surely the provision might be made to extend to all schools aided by or receiving (result) grants either from Government or Municipal and Local Fund Boards; for a single unvaccinated child in one of these crowded little schools represents a great

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danger to a very large number of other children. At the same time by thus attacking the rising generation we should, I believe, be sowing the seeds of a much greater harvest in the future, than we can ever hope to reap by the slow process of persuading the parents, and that argument so dear to the native mind, "My father never did it, so why should I?" would be effectually undermined. There are of course other points at which the system might be gradually extended, but this is not the place to enter upon them. I cannot, however, regard the present system as a wise one, but two classes of the people being included under its operation, *viz.*, aspirants to office, who regard themselves as it were bribed to do it, and prisoners who have no voice in the matter, and regard it, so to say, as part of their punishment, whilst neither a bribe nor a punishment is exactly the light in which one would desire to see a valuable protective of human life regarded by an ignorant people. As regards inoculators, I have not met with any cases in which the disease was so propagated, nor can I hear of any inoculator resident in the district.

No epidemic, as usually understood, has been present during the year, *i.e.*, cholera, small-pox (except to a very limited extent in Salem town during May, June, and July) and the other exanthamata have all been unknown during the period under report; but intermittent fever due to endemic causes prevailed to so large an extent in the Utengherry Taluq as to amount almost to an epidemic. Having visited this taluq twice I am fully convinced that the fever was due to purely local causes, *viz.*, the natural configuration of the country, combined with the nature of the soil and water-supply as affected by the heavy rain of October and the subsequent long dry season, the gradual slope of the land intersected by rocky ridges leading to the formation of marshy swamps at the base of these ridges from whence miasmatic exhalations were freely given off, whilst the wells, generally situated at or about the same locality, level and became at the same time polluted by drainage through from these swampy lands, and so more or less unfit for habitual consumption. The actual type of fever was by no means severe, generally quotidian, though tertian and quartan cases presented themselves here and there, seldom fatal in the first instance, but not unfrequently followed by enlargement of the spleen and dropsical effusions, which might well have consequences more serious than the original disease. For the most part the fever yielded readily to treatment, a few doses of quinine being generally sufficient to arrest it, and so what could be done was done by detailing a subordinate to the spot, and distributing quinine, &c., with no niggard hand, but in a large, poor, thinly-peopled tract of country such as this is, but a small proportion of the people can be got at, and much misery and suffering must necessarily accompany an outbreak of the kind.

Principal Diseases.—Except that the number of cases of fever treated has been high, there has been no marked deviation from the general ratio of diseases as between themselves; whilst the head "Accidents" with its several sub-divisions shows a very fair amount of work done of a class obtainable only in a European hospital.

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Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 26th March 1875.

Hospital.—In the last Inspection Report submitted on the 27th March 1874 certain structural changes in and additions to the buildings in which the work of the dispensary is conducted were alluded to as being in course of construction.

Those have recently been completed, and now the town of Salem is endowed with a hospital in every way adapted to the necessities of its inhabitants. The changes in the old building consist in the removal of the partition walls in the verandahs, seen in the plan which was appended to the Inspection Report submitted on the 20th November 1862, and in the conversion of the division, where once the dispensing work was conducted, into a ward for the reception of indigent European and East Indian sick.

A building of excellent construction in respect of materials and adoption has only recently been completed, in whose sub-division the surgical and dispensing work, the daily reception of "out-door" sick are conducted. Sufficient storage space is also secured in this building. A plan will shortly be forwarded with the Annual Medical Report of the Superintendent. Twenty yards to the rear of this a small building is being erected for the reception of prostitutes suffering under the diseases of their illicit calling.

Inspected on the present occasion with the necessary minuteness; very satisfactory indications were afforded of the excellence of the system which obtains in this hospital as seen in its internal economy and general arrangements for the well-being of the sick, both "in" and "out."

Visitors' Book—General tenor of Remarks.—Favourable.

SECUNDERABAD.

Extract from Annual Medical Report by Surgeon-Major G. F. Trimnell.

Name of Town.—Secunderabad.

	Europeans.	Natives.
Males	226	21,250
Females	306	23,633
Total ...	532	44,883

Date of Establishment.—5th April 1852.

By whom originated.—Erected by the natives during the command of Brigadier J. P. James and under Captain Webb, Superintendent of Police.

How supported.—From the 5th April 1852 it was supported by Government, but this support was withdrawn some time in 1862, Government aid being limited to the supply of medicines, medical aid, and an allowance not exceeding Rupees 50 a month for dieting in-patients.

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The year 1863 opened with an available balance of Rupees 17-8-0. In that year, at a meeting convened under the Presidentship of Brigadier-General Grant, C.B., the Order of Government on the subject of Civil Dispensaries having been laid before the members, and the necessity which existed in order to save the institution from suspending its great usefulness by the providing of funds from local sources having been explained, a committee of management was instituted. At a subsequent meeting a subscription list was laid upon the table, and donations to the amount of Hallee Sicca Rupees 3,252 and monthly subscriptions of Hallee Sicca Rupees 145 promised. In 1864 the Government grant of Rupees 50 a month was withdrawn in accordance with Circular No. 74 of 9th January of that year, Government still continuing to supply medical aid and European medicines.

Since then the institution has managed to pay its expenses with occasional threatenings of inability to do so, when a spasmodic effort has been made by calling a meeting of influential natives to place it on a better footing. In 1871 the funds were so low that it was determined to limit the number of in-patients, and as the midwife had died, the committee decided that the state of the funds would not permit of a successor. In this extremity an appeal was made to the Cantonment Committee, who responded by agreeing to contribute 75 Hallee Sicca Rupees a month, which sum was thus distributed: Rupees 30 to a midwife, Rupees 30 towards dieting, and Rs. 15 to the Hospital Assistant as remuneration for his care and supervision of the Poor House adjoining, and they subsequently also provided a female toty for the lying-in ward.

The Cantonment Committee, in January 1874, with great liberality, had the building put into repair and white-washed, and supplied bedding, sheets, and cumblies, which were much needed. Besides this a large contagious disease ward has been erected just outside the old enclosure, for which the sum of Rupees 3,000 was sanctioned by the British Resident at Hyderabad.

What Medical Officers have been in charge.—

Surgeon J. Richmond, from 5th April 1852 to 16th February 1854.
Do. J. Hichens, from 17th February to 15th July 1855.
Do. A. Goodall, from 16th July 1854 to 30th May 1855.
Do. J. Hichens, from 31st May to 26th November 1855.
Do. T. White, from 27th November 1855 to 5th August 1856.
Assistant Surgeon W. R. Cornish, from 6th August 1856 to 26th January 1857.
Do. C. Smith, from 27th January to 17th March 1857.
Do. W. H. Scales, from 18th March to 15th September 1857.
Do. L. W. Stewart, from 16th September 1857 to 2nd June 1858.
Do. H. J. Penny, from 3rd June to 11th August 1858.
Do. J. R. Theobald, from 12th August 1858 to 13th November 1858.
Do. W. A. Jacob, from 14th November 1858 to 31st March 1859.
Do. H. J. Penny, from 1st April to 25th May 1859.

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Surgeon W. Scott, M.D., from 26th May 1859 to 11th January 1860.

Do. A. C. MacLeod, from 12th January 1860 to 24th January 1861.

Assistant Surgeon J. H. Blackwell, from 25th January 1861 to 31st October 1863.

Do. G. Baillie, M.D., from 1st to 26th September 1863.

Surgeon-Major L. W. Ranking, from 27th September to 30th October 1864.

Do. E. S. Tribe, from 31st October 1864 to 9th Nov. 1866.

Assistant Surgeon J. Wilkins, from 10th November 1866 to 30th March 1867.

Surgeon G. W. Walter, from 1st April 1867 to 4th August 1868.

Surgeon-Major E. S. Tribe, from 5th August 1868 to 6th May 1869.

Assistant Surgeon Hanks, from 7th May to 3rd September 1869.

Surgeon-Major A. C. MacLeod, from 4th September 1869 to 22nd January 1872.

Do. J. Wilkins, from 23rd January to 26th February 1872.

Do. L. W. Stewart, from 27th February to 19th December 1872.

Do. A. C. MacLeod, from 20th December 1872 to 8th April 1873.

Assistant Surgeon McNally, from 9th April to 11th May 1873.

Surgeon-Major G. F. Trimnell, 12th May 1873.

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In each year since opening, or as far back as possible, give the following data :—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.		Total Admissions, Europeans and East Indians.		Average Daily Sick.		Total Deaths.	
	In	Out.	In.	Out.	In.	Out.	In.	Out.	In.	Out.	In.	Out.
5th April to 31st December 1852	436	1,137	38	42⅛	25	...	...	...	...	...	...	...
1st January to 31st December 1853	498	1,409	38¼	36⅛	54	...	...	...	...	...	...	...
Do. do. 1854	874	4,751	52¼	35¼	50	6	...	...	...	...	...	...
Do. do. 1855	1,310	7,537	82⅛	56⅛	40	14	...	...	...	...	...	...
Do. do. 1856	1,988	9,724	85¼	55½	59	8	...	...	...	...	...	...
Do. do. 1857	1,042	5,474	63	50⅛	37	...	...	...	...	...	...	...
Do. do. 1858	505	1,354	38⅛	27	43	...	...	...	...	...	...	...
Do. do. 1859	336	1,112	26¾	26	52	7	...	...	...	...	...	...
Do. do. 1860	352	2,852	28⅛	50	43	1	...	...	...	...	...	...
Do. do. 1861	263	3,429	18⅛	51⅛	32	1	...	...	...	...	...	...
Do. do. 1862	159	2,940	9⅛	44¼	10	1	...	...	...	...	...	...
Do. do. 1863	315	2,444	18⅛	34⅛	40	...	...	...	...	...	...	...
Do. do. 1864	351	3,769	31⅛	34½	58	...	...	...	...	...	...	...
Do. do. 1865	1,417	7,084	30½	32¼	44	5	...	...	...	...	...	...
Do. do. 1866	315	3,939	19½	31¼	66	...	...	...	...	...	...	...
Do. do. 1867	241	4,039	18¾	52	37	...	...	...	...	...	...	...
Do. do. 1868	208	3,670	16¾	59¾	30	...	...	...	...	...	...	...
Do. do. 1869	351	3,680	25	62	26	...	...	...	...	...	...	...
Do. do. 1870	151	3,448	131	60	16	...	15	208	2	5¼	2	...
Do. do. 1871	113	2,942	4·66	43·25	34	4	28	377	1·58	6·16	7	1
Do. do. 1872	211	3,167	11·42	42·73	37	1	64	347	3·54	30·75	5	...
Do. do. 1873	147	4,887	6·60	58½	17	1	48	312	3·55	5·14	1	...
1st January to 31st March 1874	57	1,631	17·50	68·41	6	...	18	85	6·58	13·16	2	...
1st April to 31st March 1875	165	7,373	15¾	81½	29	1	50	569	11¾	22¼	3	3

Dimensions of Hospital.

Rooms.	Dimensions.		
	FEET.	FEET.	FEET.
Men's ward	97½	18	18
Women's ward {No. 1	18	18	18
Women's ward {No. 2	18	18	18
Surgery...	18	18	18
Special ward	18	18	18
Men's bath-room	11	8	...
Medical store-room	17	8	...
Women's bath-room	11	8	...
Clothing-room	17	8	...
Cook-room	24	12	18
Male privy {No. 1	12	6½	12
Male privy {No. 2	12	14½	12
Female privy	12	12	12
Contagious ward	55	18	18

If there be any Police Hospital or Lying-in Hospital, their history and good doing.—Police Hospital is attached to the jail. There is a Lying-in Hospital in connexion with this institution, but which was not opened until August 1866, when, at a meeting of the Committee, the Cantonment Magistrate was requested to make known that an hospital had been opened for the especial purpose of affording medical aid in difficult cases of labour. It is a cause of regret that although there is a European midwife on a salary of Hallee Sicca Rupees 30 a month, the number of deliveries is small.

What European Medicine are available in the bazaar, and to what extent do Native Practitioners or the people use them.—There are two chemists' shops under European management in the station, at which European medicines of good quality are procurable; one shop certainly is doing a thriving business. Native practitioners who have been educated at the Hyderabad Medical School avail themselves freely of the medicines procurable, and the people generally go in largely for quack medicines.

State of Vaccination, and view of the people as to its virtues. Are there Inoculators present?—There are four vaccinators employed in connexion with this institution, two the pay of whom is paid by Government and two by the Municipality. Vaccination has made considerable progress during the past year, 4,558 against 3,121 last year, showing a satisfactory increase. The entire cost of the establishment for the past year was Rupees 576. The cost of each operation Annas 1-11. A female vaccinator was appointed to this cantonment by the Superintendent-General of Vaccination in terms letter No. 1,213 of 1873, and she joined on the 31st October, and has greatly extended vaccination amongst the women in the Native Regiments as well as in the bazaar. The people generally are not prejudiced against this prophylactic of small-pox.

Principal Diseases for which relief was sought.—The principal diseases that came under treatment as in-door patients amongst European and East Indians were chronic rheumatism, ague, ulcer, dysentery, general debility, contusions, and poisoning by alcohol. The number treated was 55, which

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is an increase by 10 over the preceding year. Amongst out-door patients of this class relief was afforded to 575, which is 260 more than in the year before.

The principal diseases amongst the Native in-door patients were, in the order of their frequency, wounds, fractures, small-pox, dysentery, ague, general dropsy, syphilis primary, diarrhœa, contusions, abscess, chronic rheumatism, and vegetable poisoning.

Compared with the previous year, the number of out-door Native patients has increased considerably, 7,373 against 4,914. The principal diseases for which relief was sought were, in the order of their freqnency, ague, ulcers, rheumatism, constipation, itch, dyspepsia, wounds, bronchitis, colic, inflammation memb. tymp., round worms, abscess, diarrhœa, dysentery, conjunctivitis, contusions, and remittent fever.

Lying-in Ward.—The number of deliveries have been few, 3 European and East Indians and 5 Natives came into hospital, and 15 European and Natives have been attended at their own houses.

Sanitary condition of Town.—The conservancy of the town is carefully and satisfactorily attended to by the Municipality under the supervision of the Cantonment Magistrate. Several new roads have been opened out during the year, small dilapidated houses pulled down, and larger ones erected in their place; drains have been opened out and cleaned; latrine arrangements are good, and on the whole the improvements which have been made indicate a desire on the part of the Municipality to do all that lies in their power to benefit the inhabitants of the town by the introduction into their midst of the result of European sanitary science.

SEVAGUNGA.

Extract from Annual Medical Report by Hospital Assistant
T. S. Palanyandy Pillay.

Name of Town, Population of Town and of District.—Sevagunga is the name of the town in which the dispensary is situated; it is the capital of one of the two large zemindaries in the Madura District. This zemindary contains an area of about 1,500 square miles, and its population is about 434,196. The town of Sevagunga is about 2 miles in circumference, and contains about 7,625 inhabitants by the census of 1871.

Date of establishment, how supported, and what Medical Officers have been in charge.—This dispensary was first established in the year 1858 by Mr. Hathaway, the then Collector of the district, when the zemindary was under the management of the Court of Wards, and was placed under the medical charge of a Dresser named Rozario, who continued to be in medical charge for about a year. After his death the institution was without any medical officer until January 1860, when the present medical officer took charge of the institution, and continues to do duty to the present day.

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During the above period the dispensary was solely supported by the Zemindars of Sevagunga up to the end of March 1872, when, on account of some financial difficulties in the zemindary, the dispensary was transferred to the Madura Local Fund Board, and it is ever since supported out of the Local Fund.

The present building in which the dispensary is situated is a tiled roof one of 52 by 33 feet, and has a large and extensive compound with many garden trees. This building was purchased in 1873 for Rupees 2,783 by the Local Fund Board for the dispensary. It contains two large central rooms of 17 and 13 by 13½ feet used as male and female wards for pauper in-patients, and four small side rooms, two of which are used for surgery and store-rooms, and the rest as bathing rooms for the sick.

There is no Police or Lying-in Hospital in this place. For some time past the Policemen of the division when sick are taken in and treated in a part of the above building.

The following is a tabular statement of admissions and deaths for the last fifteen years; the records of the two preceding years for 1858 and 1859 are not to be found:—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1860	10	2,881	1	33½	...	22
1861	5	2,094	½	24½	...	9
1862	19	1,696	2	19½	1	6
1863	22	1,983	2	23	...	...
1864	24	2,580	2½	30	1	3
1865	32	1,890	3	23¼	...	2
1866	14	3,614	1½	42	1	43
1867	16	2,758	1¾	30½	...	6
1868	...	2,496	...	29	...	1
1869	...	2,886	...	33½	...	1
1870	...	2,671	...	31	...	1
1871	...	1,308	...	15	...	1
1872	...	3,878	...	57	...	3
1873	31	5,096	3½	57	2	2
1874	108	6,065	4	70¾	3	4

State of Medicine among the Native Practitioners.—The native practitioners use country medicines which are sold in bazaars, and vegetable drugs that are procurable in jungles and hills. No European medicines could be had in bazaars of this town; many native practitioners know the most useful effects of quinine in fevers and agues, and some of them bring this medicine from Madura, where it is generally sold in shops and bazaars, and use it in cases of fevers.

Vaccination.—There is always one vaccinator employed for the town of Sevagunga and surrounding villages; besides him there are few more vaccinators who are employed in several parts of the zemindary; they all from April 1872 are supported from the Local Fund, and prior to that they were supported by the Zemindars of Sevagunga. People entertain a very good opinion towards vaccination; some are still ignorant as not to submit

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themselves and their children to its virtues. There are inoculators in the district who frequently go about villages and inoculate children.

Are there any Native Oculists or Lithotomists in the District?—There are a few Mahomedan oculists in the district who go about the towns and villages twice or three times a year and operate for cataract, &c., and spoil the eyes of many people. No lithotomists in the district.

6,321 patients were treated during the year, of which 121 are in-patients and 6,200 out-patients. One death occurred among in-patients and three among out-patients. Of the 121 in-patients 83 were pauper patients dieted at the hospital, and the rest had their own provisions. Out of 6,321 patients treated during the year, 4,685 are from the town and the rest from villages 1 to 20 miles distance.

The principal diseases during the year were fevers, sore-eyes, and skin diseases.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 20th October 1874.

The conservancy of the neighbourhood of the hospital can scarcely be called satisfactory. Former inspection reports speak, in no doubtful terms, of the many indications the town presents, of the existence of many of the very worst forms of *removeable* sources of disease. What steps, if any, have been taken to counteract those evils I am unable to state, my observations having been confined, on the present occasion, to the neighbourhood of the dispensary as above stated.

SHEALLY.

Extract from Annual Medical Report by Passed Hospital Apprentice W. Sheriff.

Sheally, the kusbah of a taluq of the same name, is a small town situated on the main road between Cuddalore and Negapatam, 7 miles inland, a little over a mile in length and half in breadth, with several villages on its outskirts. The town is chiefly inhabited by Brahmins and other high caste people, who are landowners, merchants, &c.; the villages contain people of the lower castes who are employed in grazing cattle, coolies on the fields, &c. The town is bounded on all sides by extensive paddy fields, freely irrigated by several branches of the "Coleroon," and yielding abundant crops; in addition to paddy the betel vine is largely cultivated, with good results. Cocoanuts, plantains and oranges are plentiful.

The dispensary is situated at the south-west part of the town in a compound measuring 138 × 72′; it consists of two rooms, gable roofed, built of bricks with tiled roof, each 12′ × 12′ communicating by a door $7\frac{1}{2}' \times 4\frac{1}{2}'$;

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each room has two windows 4′ × 4′ and a door $7\frac{1}{2}'$ × $4\frac{1}{2}'$; these are arranged opposite to each other; the building is well ventilated and faces the north; there is a sloped verandah in front 25 × $7\frac{1}{2}'$. One of the rooms is used as an office both for the Civil Dispensary and Police Hospital and for the custody of the records, the other for surgery and stores; the accommodation is sufficient; there is also a cook-house well fitted up 6′ × 6′; the two buildings are $1\frac{1}{2}'$ above the surrounding ground. The compound is planted with cocoanut, plantain and orange trees, all in a thriving condition; there is a well of good water in the compound, supply abundant.

There is no accommodation for in-patients at the dispensary; such cases as require treatment in hospital are sent through the Local Magistrate to Tranquebar, temporary relief being afforded here.

The building of a hospital has been sanctioned. I have recommended that it be made to accommodate twelve cases, and that a shed be erected for contagious and infectious diseases; by this arrangement great benefit is expected to result. I have allowed each patient a superficial space of 98′.

Extract from Inspection Report by Deputy Surgeon-General W. JOHNSTON, M.D., dated 11th February 1875.

Principal Diseases.—The principal diseases were fevers, bowel-complaints, bronchial and rheumatic affections, abscesses and ulcers.

The following comparative table exhibits the working of the dispensary for the last quinquennial period, and shows how great has been the falling off of applicants for relief during the lapsed year ending 31st December 1874, when it passed from the hands of the Native Hospital Assistant to those of the Hospital Apprentice now in charge:—

Years.	Admitted.	Died.
1870	3,022	...
1871	2,611	1
1872	2,775	...
1873	3,050	1
1874	2,116	...

SRIRANGAM.

Extract from Annual Medical Report by Native Surgeon C. BAULOO MOODELLY.

I am glad to state that the working of the dispensary during the past year has been most satisfactory. The number has increased in proportion as the benefits of the institution are being appreciated, and its success is become widely known. It has afforded relief not only to those residing in the

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district, but to a large number of pilgrims coming all the year round from different parts of India to visit the sacred shrine of Srirangam. Of the number of in and out patients treated in the dispensary, the strangers or persons visiting the pagoda from distant parts form nearly three-tenths. During the grand Cottaye feast in December, and Chithiry feast in April, the concourse of people who assemble here freely resort to the dispensary, even for the most trivial sickness, and the attendance, therefore, on these occasions is generally very large.

Since the opening of the new dispensary in March 1874 in-patients have been admitted and treated. This has certainly proved a great boon to the Byragies and other pilgrims, who, after wandering through different parts of the country, come to rest here, ill with fatigue, exposure to the inclemencies of the weather, and starvation. Several persons have also come from a distance of 40 and 50 miles with their families, stayed in the hospital till they were pretty well, and then left. These patients invariably dieted themselves, their families taking abode in the town and providing them with proper dietary food.

Name of Town, Population of Town and of District.—Name of town Srirangam, population of town proper 11,271, population of the district 1,200,408.

Date of Establishment.—The dispensary was established on the 1st January 1873.

By whom originated.—It was originated by the Municipal Commissioners of Srirangam.

How supported.—It is supported by an annual contribution of Rupees 1,200 from the Srirangam Municipality, Rupees 300 from the Srirangam Pagoda, and Rupees 1,500 from the Local Fund Board of this circle. Besides the sums above particularized, Rupees 791 have been realized by voluntary subscriptions during the past year, and an amount equal to it has been granted by the Local Fund Board according to their Proceedings, dated 8th May 1873, promising to supplement the voluntary subscriptions with an equal sum for covering the pay of the Native Surgeon in charge.

If there be Police Hospital or Lying-in Hospital.—There is no Police Hospital at this station. A Lying-in Hospital, the erection of which has been commenced three months back, is nearly finished, and will be ready for use in about a month.

State of Medicine among the Native Practitioners.—There are many vythians and hakeems in the district. Their principal medicines are derived from the vegetable and animal kingdoms. Every herb, every plant has a medicinal value in the eyes of the vythians, and they use them freely, combining numerous drugs in one prescription, with the idea, I suppose, that some one or other of the drugs cannot fail to attack the disease. They are ignorant of the *modus operandi* of the medicines they employ, nor have they any knowledge of the anatomy of the human system. They attempt to diagnose diseases by the pulse at the wrist, which they divide into three parts, *viz.*, vayvoo, pitham, and slashpum, corresponding to the three fingers with which they feel the pulse. Any rise or fullness or hardness in the stroke of pulse

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vayvoo, according to their idea, denotes fevers and inflammations; in the pulse pitham, derangements in the stomach, liver, and bowels, and in slashpum the approach of death. Of course it cannot be expected that any indications derived from such an extremely unreliable source could be of the least advantage either to the patient or the practitioner. Some of their medicines, I must admit, are of great value as medicinal agents, but all their knowledge of medical science is chiefly derived from experience which is communicated from father to son, and kept secret amongst themselves. Hence the difficulty in finding out the particular ingredients which enter into the composition of a medicine, and the mode in which it is prepared.

The principal forms in which their medicines are administered are pills, decoctions, infusions, confections, and thylums or oils to bathe with. They are now learning to use a few of the ordinary European medicines, such as santonine, quinine, calomel, soda, jalapi, and magnesia sulphas, &c.

What European Medicines are available in the Bazaar.—No European medicines are sold in the bazaars in Srirangam, but in the town of Trichinopoly one Mr. Reid has a small druggist's shop, and sells European medicines at a very high rate. In the bazaars there the following medicines are procurable, *viz.*, potassa chloras, santonine, quinine, calomel, sodæ bicarbonas, jalap, potass tartras acida, magnesia, sulphas, &c.

Vaccination.—There is a vaccinator attached to the Municipality who vaccinates in the town and villages included within the municipal limits. He performed 824 (751 successful and 73 unsuccessful) operations during the year under report. Considering the population of the Municipality which is 18,655, and the inducement held out by the Commissioners by an offer of Annas 2 to the parent or guardian of each child successfully vaccinated, the number is certainly small, and shows the degree of opposition experienced by the vaccinator in the performance of his work. The people, as a mass, are not yet fully alive to the value of the prophylactic, but the more intelligent and higher classes appreciate its benefits, and are even anxious to have their children brought under its influence at a tender age. There are no inoculators in the town.

Are there any Native Oculists or Lithotomists in the District?—I have not seen any operation performed by a native oculist or lithotomist, but have often heard of a Mussulman who, it is reported, performs lithotomy.

The sanitary conditions of the town is steadily improving under the municipal direction. The health of the town and its neighbourhood has remained undisturbed during the year under report by an outbreak of any epidemic disease. The Kottaye festival in December last passed off without accident, or injury, or prevalence of any disease, or epidemic amongst the 30,000 people assembled at that time.

The number of cases admitted during the past year under the head of in-patients has been 175, which, with three that remained from the previous year, make a total of 178 cases treated. Under the head of out-patients five Europeans and 11,520 Natives have been admitted, which, with 79 natives that remained from the previous year, make a total of 11,604 cases

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treated. The total of admissions among the out-patients compared with that of the previous year shows an increase of 1,437 cases.

Out of the 175 in-patients treated in the dispensary 45 or nearly one-fourth dieted themselves and the rest were dieted by the hospital.

The principal diseases presenting themselves for treatment have been fevers, rheumatic ailments, syphilis, conjunctivitis, disease of ear, bronchitis, disease of stomach and bowels, worms, abscess and ulcers, diseases of the skins, wounds, and injuries.

Extract from Inspection Report by Deputy Surgeon-General W. JOHNSTON, M.D., dated 18th March 1875.

Hospital.—During the interval, however, that has since elapsed the work of erecting a female ward has been entered on, and it will be ready for occupation in about two months. Another smaller building intended as lying-in ward is in course of construction. Latrines for both hospitals are also being constructed on a plan somewhat on that of the "Coimbatore" one. When all those buildings are completed with the addition of certain number of detached huts for caste sick, this town will possess an hospital which, if not a model, at least will approach very nearly to one, since it is in every way adapted to the existing conditions and necessities of its inhabitants.

Principal Diseases.—Principal diseases amongst the in and out patients during the lapsed year were: *In-patients*—syphilis, dyspepsia, rheumatism, abscesses, ulcers, and skin affections. *Out-patients*—fevers, rheumatism, bowel-complaints (including dysentery and diarrhœa) bronchitis, worms, ulcers, and skin diseases.

Comparative Table.

Years.	In.		Out.	
	A.	D.	A.	D.
1873	None.		9,503	2
1874	135	11	11,180	...

Number of sick in hospital this day in-patients 2, out-patients in attendance 23.

Visitors' Book—General tenor of Remarks.—Favourable.

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STRIVILLIPUTUR.

Extract from Annual Medical Report by First-class Hospital Assistant P. Parthasarathy Naidu.

Strivilliputur is a town of great antiquity, situated on the north-west of Tinnevelly. It has a large, remarkable pagoda, for which it has its name and fame. Two or three great festivals take place during the year, when pilgrims pour here from different directions to a great number. It has a dispensary situated somewhat in the centre of the town, where people can easily obtain relief at any part of the day or night. Strivilliputur is said to be one of the most thickly-populated taluqs in the district. Its population is nearly 30,000. The use of having a dispensary for such a large taluq was not considered beneficial to the public until the question was moved by the inhabitants themselves. In the year previous to 1870 it was thought necessary to start a dispensary here, for which subscription was raised, when the collection amounted to Rupees 10,000. The site of the dispensary was purchased, and a building erected according to their own plan; it has two side rooms and one hall, besides two verandah-rooms and two out-houses enclosed in a compound surrounded by walls on all sides.

The dispensary was opened in the year 1871 under the management of the local authorities, and the work of the hospital was carried out by a medical subordinate who had been in the Government service some time ago. On the whole the working of the dispensary for the past four years was not in any way satisfactory. It was on this ground that the local authorities proposed to place the fund under the disposal of the Local Fund Board for the better management by a Government Medical Officer. From the accompanying return it will be observed that the percentage of admissions to the population is only 4·38, which shows that the working of the institution has not been so favourable as it ought to be; I believe the people seem to have appreciated the benefit that our English treatment possess, and have much confidence in it. I think that in course of time, if the dispensary is properly managed, the number of admission may be steadily increasing.

There are very few native practitioners here who appear to have very little practice in the town: I believe they are totally ignorant of our English medicines. Country medicines can be had in the bazaars, but not the English. As it is not yet even a month since I have arrived here, I am unable to add any further information.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 7th November 1874.

The building is, as described, a substantial one, well built, and in every way suited to its object. Its wards might easily accommodate a certain number of "in-sick." These were dirty, and in one of the side rooms quantities of non-descript rubbish were accumulated—bratties, firewood, and

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pods of tree, cotton, &c. This building is the gift of a few benevolent native gentlemen of the town, but whether any endowment has been conferred on it to maintain a dispensary is doubtful, and the more so if it be true, as tearfully asserted by the starved, timid, sickly-looking medical practitioner in charge, that neither he nor any of the hospital servants had received any pay since June last. That this institution is peculiar in more ways than one is seen in the attempt that has been made to impart to it a representative character; and in its duties being vested conjointly in the hands of a native "Hakeem" and those of a retired "Native Dresser" mediæval and modern medicine have fitting representatives. Compromise in such matters often leads to stagnation, and it may be, and doubtless has, much to answer for in leading to this state here. That the two practitioners do not work together with that harmony which is so desirable, rests on very creditable evidence—that of the Brahmin Deputy Collector—and I am clearly of opinion that, as a preliminary to place the institution on a satisfactory basis, the services of both should be dispensed with. Surely nothing could more tend to thwart the humanizing action of Government in its efforts to rescue the people of India from the degradation of ignorance nowhere more apparent than in the class of native hakeems, whose most approved means of contending with disease lies in fitters, exorcisms, and charms than by tolerating such a compromise. Control, *i.e.*, truthful control, is all but absent here, and I therefore suggest that Government may be moved to bring about the transfer of this institution to the Local Fund Board. It is of importance, too, and in consideration of the sanitary necessities of this large town as recorded in my last Inspection Report, and in order to inspire the inhabitants with confidence in the European art of healing, which hitherto they have had but scant grounds of entertaining, to entrust the working of the dispensary for one or two years to a medical officer of the Apothecary grade, and one with more experience than can possibly be looked for in the junior lists of this grade.

SYDAPETT.

Extract from Annual Medical Report by Passed Hospital Apprentice W. H. Cooper.

Sydapett is one of the taluq stations in the Chingleput District situated on the north of the Adyar river, and bounded on the north by Codumbaukum, south by Valecherry, east by Adyar, and on the west by Ekodthongil. The taluq consists of 257 villages with an area of 335 square miles, having a population of 186,404, and that of the district 938,184. The population of the town of Sydapett with its suburbs is estimated at 9,000. Sydapett consists of ranges of houses, fields and gardens: the houses are built on either side of roads varying in breadth from 18 to 25 feet. The chief road runs from the river through the bazaar by the side of Sydapett, and meets the Mount road. The majority of the people in Sydapett are dhobies, weavers,

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and potters. The bazaar is large, and well stocked with country produce. The drainage of the town is natural, and in some places ditches are dug. Two country carts and four toties are employed for the daily removal of all night-soil and rubbish. The earliest history of the dispensary dates as far back as the 1st September 1869, when Iyasawmy Moodelliar, dubash of Messrs. Arbuthnot & Co., opened out the dispensary in a coach-house as a temporary measure, and the Hospital Assistant (then T. Moonesawmy Chetty, No. 409, attached to the Collector's establishment of this district) conducted the duties. During his absence on circuit duty with the Collector, Hospital Assistant R. Jugganaikooloo, No. 835, held charge of it. Finding that European medicine was appreciated amongst the inhabitants, Iyasawmy Moodelliar gave up his own house (a few yards distant from the dispensary) to be used as a hospital, and his own charity was supplemented by donations and subscriptions from the inhabitants. In August 1870 Hospital Assistant C. Peddanah, No. 477, joined the dispensary, and in 1871 the dispensary passed into the hands of the Local Fund Board: since June 1874 I hold charge of it.

The following table gives the number of admissions, average daily sick, and deaths since date of establishment, that is 1st September 1869 :—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1869	...	2,397	...	38·05	...	14
1870	...	7,140	...	40·80	...	7
1871	...	5,755	...	37·12	...	9
1872	...	5,290	...	38·48	...	1
1873	...	7,118	...	44·64	...	1
1874	...	7,034	...	45·31	...	1

The present hospital which is occupied since the 6th August 1874 is situated in the heart of the town and consists of a dispensary and two wards.

The dispensary is 23 feet long, 12 broad, and 12 feet high; it has one door 8 × 4 feet, two doors each $7\frac{3}{4} \times 3\frac{1}{4}$ feet, two windows each $5 \times 3\frac{1}{2}$ feet, and two small ventilators. The two wards are each 12 feet long 12 broad, and 12 feet high. No. 1 ward has one door 8 × 4 feet, two doors each $7 \times 3\frac{1}{2}$ feet, and two windows each $5 \times 3\frac{1}{2}$ feet. No. 2 ward has one door 8 feet × 4 feet, two doors each $7 \times 3\frac{1}{2}$ feet, but no windows. There is no police hospital or lying-in hospital attached. Police cases are admitted in the Native Detail Hospital at St. Thomas' Mount which is two miles away. There are two hakeems and two vythians in Sydapett; these at one time had all the practice of this town in their hands; but since the establishment of this dispensary the people in general seem to have more confidence in European medicine. The older people who have grown under the care of these practitioners still adhere to them. Medicines of purely European manufacture are not procurable in the bazaar at Sydapett, but drugs common to European practice of Indian manufacture are. The following medicines are

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available in the bazaar :—gum acacia, alum, chloride of ammonium, camphor, catechu, chiretta, the sulphates of copper and iron, galls, pomegranate root, hemidesmus, opium, nitre, senna, sulphur, and ginger. Vaccination is carried on under difficulties, chiefly owing to the caste and prejudice of the people. I have from time to time taken great trouble in pointing out the advantages, the banishment of the disease from some of the European countries, the mildness of the disease when attacked by small-pox, and the absence of disfigurement of the European female face, but still they come back to the old idea. The people generally have no true idea of the benefits of vaccination; they seem to approach it with doubt and fear, but with many vaccination would take if a small money-gift were made. There are no inoculators, native oculists or lithotomists in Sydapett.

Remained	38
Admitted	6,762
Total	6,800
Discharged	6,754
Died	1
Remaining	45
Average daily sick	4,490

Principal Diseases and classes of Disease prevalent during the Year.—The principal diseases and classes of disease prevalent during the year have been ulcer, scabies, diseases of the digestive system, boil, ague, febricula, diseases of the nervous system, abscess, inflammation membrana tympani, chronic rheumatism, muscular rheumatism, and bronchitis. During the year 6,800 sought treatment, which is 790 less than the previous year, owing no doubt to the mildness of the climate and the general health of the station.

Extract from Inspection Report by Deputy Surgeon-General W. J. VANSOMEREN, M.D., dated 19th March 1875.

Hospital.—On the 6th August last this building, near the centre of the village of Sydapett, was occupied as a dispensary. A verandah fronts it and opens into the dispensary room, where patients are prescribed for, and then supplied with medicines across a rail, dividing the apartment into two parts. The dimensions of this chamber are 23′ × 12′ × 12′ (at wall), and it is ventilated by three doors, two windows, and two ovals of small perforated openings in the western wall. A door in its southern wall leads into a ward 12′ × 12′ × 12′ with two doors and two windows, capable of accommodating two patients with 72 superficial feet and 864 cubic feet each. On each side of this ward is an uncovered passage, from which the second ward of the same dimensions is entered by two doors, while a third door on the western (back) wall leads into the general enclosure of the dispensary. These wards have not yet been occupied by any patient, nor is there any provision of bedding or diets for their entertainment. A lantern, in which oil is burnt, is used for lighting the dispensary at night. Drainage is

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natural and effective. Cleanliness characterises the whole place, except the ward-floors, on which cow-dung is now smeared, but I have directed the substitution of lime. Water is brought in a cart from a well in the neighbourhood for dispensary purposes, and it is clear, but does not taste good. There is no latrine, no bath-room, no cook-room.

The conservancy of the neighbourhood is not good. Immediately to the south and north there are contiguous native houses, and from the former direction the odours were offensive, while to the west there is an open space, very uneven, with rank vegetation on its surface, and more or less litter and garbage.

Principal Diseases.—Ulcers, constipation, furunculas, ague, inflammation of ear, febricula and itch have been the most frequent diseases during the year. Only one death (from general debility) has been recorded.

How supported and maintained.—By the Local Fund Board. It wants almost everything for the entertainment of in-patients, but is fairly equipped as a dispensary.

Visitors' Book—General tenor of Remarks.—There is a visitors' book, but no entries have been made in it.

TADPATRY.

Extract from Annual Medical Report by Passed Hospital Apprentice T. Kiddle.

Tadpatry is the chief town of the taluq of the same name situated in the Bellary district. The area of the taluq is 772 square miles, and the population, according to Mr. Kelsall, is 116,714, of whom about 9 per cent. are Mahomedans. The population of the town has been estimated at 7,869. Tadpatry town did not possess a dispensary till October 1873, when one was opened by Hospital Assistant Ramasawmy Naidu under orders of the Local Fund Board, Gooty, sanctioned probably by Government.

The dispensary is purely a Local Fund one, and derives its support from the local funds. It has been working well as the following table will show :—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.		Remarks.
	In.	Out.	In.	Out.	In.	Out.	
1873-74 ...	...	1,625	...	42·09	...	1	The dispensary was opened in October 1873 and consequently 1,625 patients were admitted during six months only.
1874-75 ...	80	3,817	3·48	41·58	3	2	

The hospital consists of four rooms built in a line and in one block. The two middle rooms are larger than the two end ones, and are capable of accommodating combinedly six patients. One of the end rooms is used as

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the dispensary, the other one is a ward and on an exigency might be used to accommodate two persons. There is no Lying-in or Police Hospital at Tadpatry. European medicines are not sold in the bazaars. There are about eight recognized native practitioners. Two of them are Hindus; the rest are Mahomedans. The taluq possesses a vaccinator, who till lately was supported by Government, but is now under orders of the Local Fund Board, Gooty. He often complains of the people not taking to vaccination, and states that he experiences great difficulty in carrying out his work. Formerly when he received assistance from the village kurnams and reddies he was able to keep up a supply of lymph; but now, as an order has deprived him of their assistance, he states it is out of his power to vaccinate "arm-to-arm," or even to keep up his lymph-supply.

Principal Diseases.—The principal diseases that came under treatment were ague, syphilis, neuralgia, conjunctivitis, diseases of the ear, dyspepsia, constipation, worms, psoriasis, ulcers, itch, and other cutaneous affections and wounds.

Extract from Inspection Report by Deputy Surgeon-General G. Smith, M.D., dated 14th January 1875.

Water-supply.—The water is derived partly from the river and partly from the wells, of which there are many: some of these wells have good potable water; others are tainted by the saline (carbonate of soda and nitrate of potass) so common in the soil here. The natives say that the river water during the rains causes fever. The wells near the river yield good potable water, those at a distance yield water more or less brackish.

Conservancy.—The town of Tadpatry is a huge conglomeration of stone and mud huts built upon a flat plain, and is entirely without drainage; its conservancy is very limited, being restricted to five latrines which have been erected for the use of the female inhabitants, evaporation and percolation seem to do the rest.

In saying that the town is utterly without drainage I must except the main road which passes through the bazaar, on either side of which are built drains with flat bottoms, spanned over by slabs of stone forming a communication from the shops to the street. The drains are open, but the slabs are so many that here and there the drain cannot be seen, and shop articles are exposed upon the stone slabs.

Dispensary.—The building is much out of repair, and is supported by wooden stays to prevent subsidence of the roof. It is not likely to pass through another monsoon without serious damage. The roof is thatched and is supported by double beams bound with iron bands of palmyra wood. The floors are of mud, and are very uneven. The walls are cracked in several places. There is accommodation for seven patients, *i.e.*, for about one per mille of the inhabitants of the town. Population 7,869. The male wards can accommodate six patients, the female one patient. The ventilation is by doors, windows, and openings in the partitions. There is no roof

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ventilation. The present building has sufficed to commence operations with, but the time has come when it should be replaced by a better, and Mr. Master, the Collector, informs me that a new dispensary on the standard plan has been sanctioned for Tadpatry. He was unable to show me the plan, or indicate the probable expense.

Bedding and Furniture.—The bedding and furniture are sufficient and in good order; clothing has been sanctioned, but not yet supplied. The cots consist of planks on wooden trestles. Each cot has one palliasse, one cotton quilt and sheet, both made at Tadpatry, one blanket made at Anantapore, and one pillow case, all very clean.

Poisons not in a locked up place. I have ordered this to be provided.

Principal Diseases for the last Year.—The principal diseases, ranged in the sequence of their frequency, are as follow:—Skin diseases 403, conjunctivitis 378, ague 274, constipation 264, ulcers 258, venereal 202, rheumatism 171, wounds 117, bronchitis 112.

The skin diseases are partly due to a want of cleanliness, partly perhaps to the very fine and very abundant white irritating dust of the place, the town being situated close to the river. The sand on its right bank is blown into the town, and covers the greater part of the roads and neighborhood with a fine, white, sandy dust irritating to the skin, and apt to produce ophthalmia. Venereal is very prevalent here, and I suspect that many of the cases entered as "ulcers" belong to this group. Cases of primary syphilis do not present themselves at the dispensary, inasmuch as the patients imagine that they can cure these sores by domestic remedies. The number (202) indicated in the above table represents 109 cases of gonorrhœa, and 93 of consecutive syphilis principally. Syphilitic disease is not confined to prostitutes and to their frequenters, but ramifies widely through what may be called the respectable portion of the community. It is probably as common amongst them as itch.

Visitors' Book—General tenor of Remarks.—Nothing special.

TELLICHERRY.

Extract from Annual Medical Report by Surgeon H. Hyde.

Name of Town.—Tellicherry.

Population of Town.—20,479.

Population of District of North Malabar.—644,488.

Date of establishment.—The Civil Dispensary, Tellicherry, was established in 1859 principally through the exertions of Dr. H. M. Ross who was then Civil Surgeon, and by whom a sum of Rupees 3,500 was collected and lodged in the hands of the Sub-Collector. In 1861 a building was sanctioned by Government at a cost of Rupees 9,160. In the meantime patients were received and treated in a small private house capable of containing about 20 in-patients which was rented for the purpose. After many delays the present building was finished and opened on 1st November 1865.

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How supported.—The institution is now entirely supported by local funds, having been taken over by the municipality at the request of Government from 1st January 1871.

The following Medical Officers have been in charge for the several periods mentioned :—

Assistant-Surgeon H. M. Ross, from establishment to 1st January 1860.
Do. S. Rule, to 26th December 1861.
Do. M. C. Furnell, to 20th April 1863.
Do. A. H. Beaman, to 3rd July 1864.
Do. F. O. B. Wither, to 3rd April 1865.
Do. D. R. Thompson, to 24th September 1866.
Native Surgeon C. Bauloo Moodelly, to 17th September 1867.
Assistant-Surgeon D. F. Bateman, to 10th May 1868.
Surgeon J. E. Dickinson, to 12th June 1869.
Assistant-Surgeon E. A. Trimnell, to 20th March 1870.
Surgeon D. C. McAllum, to 15th December 1871.
Do. H. Hyde, to present date.

The following shows the number of in and out patients for the official years from 1859 to date :—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1859-60	87	2,367	7·	69·	5	30
1860-61	108	2,103	12·1	27·5	8	...
1861-62	98	1,979	8·	21·	14	...
1862-63	81	2,071	8½	21·	9	2
1863-64	44	1,947	3½	25·	4	4
1864-65	103	3,338	5·	22¼	16	8
1865-66	148	3,498	8·	26·	24	8
1866-67	159	4,010	7·25	37·5	21	...
1867-68	115	4,003	6·75	34·4	15	...
1868-69	76	2,529	4·	24·	5	1
1869-70	175	3,154	8⅘	22·	16	3
1870-71	190	2,123	10·	30·	15	...
1871-72	152	2,279	8·9	23·45	14	...
1872-73	145	2,125	7·88	11·05	17	...
1873-74	182	2,470	9·8	21·3	20	...
1874-75	182	3,557	11·5	28·19	20	...

The dispensary building is oblong in shape with a verandah all round; it is in length, including verandah, about 167 feet, and in breadth 47 feet. It consists of three large wards and three small extra rooms for special cases with surgery and store-rooms abutting from the centre and detached cook-house, &c. Of the wards that for males is 53 feet long by 23·9 broad with a cubic space of 20·979 feet. The female ward 26·6 feet by 23·9 cubic space 10·158 the remaining large ward now occupied by the Police 33 feet by 23·9 cubic space 13·062. The larger of the three small wards is 12 feet by 23·9 cubic space 4,750 feet, the other two each 13 feet by 11 cubic space 2,222 each. The building is thus capable of accommodating 31 patients,

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allowing a superficial area of 99 feet to each individual as directed in Medical Code, or 1,739 cubic feet of space.

The Police sick are accommodated in a ward in the dispensary, for which they pay a monthly rent of Rupees 20.

There is no lying-in ward, but difficult cases of labor are admitted into the female ward of the dispensary.

There are no native medical men resident in the town who have any pretentions whatever to a knowledge of medicine. Most of the common European medicines, such as quinine, codliver oil, chlorodyne, calomel, tincture of iron, &c., can be bought in the bazaar and are in use among the native doctors.

There are no inoculators in Tellicherry. The state of vaccination is at present far from satisfactory. The people generally do not appreciate the operations, and notwithstanding that a reward of Annas 4 is given by the municipality to each child brought to me, certainly the percentage of vaccinated to non-vaccinated in the town is below 15.

There are two men who practise as oculists, but who know nothing about the diseases of the eye, and I have had lamentable proof of their ignorance on several occasions in patients who had been under their treatment.

During the year 182 patients were admitted into hospital and 3,577 treated as out-patients against 182 in-patients and 2,470 out-patients, in the preceding year. There was thus an increase of 1,107 out-patients, the number of in-patients remaining the same. The diseases principally causing this increase were itch, worms, ague, and diseases of the digestive system. Of the in-patients eight dieted themselves. The diseases causing the greater number of admissions into hospital were as usual ague, syphilis, rheumatism, dysentery, diarrhœa, ulcers, and wounds.

The hospital accommodation is ample for the requirements of the town and no changes or additions have been made to the building during the year.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 16th September 1874.

Conservancy.—The municipality, within whose limits the hospital is, has, in carefully providing for the due conservancy of the town, not neglected that of the neighbourhood of the dispensary.

Hospital.—Inspected on the present occasion with great care. The internal conditions of this hospital were all that could be desired, proving that its interests and working are well attended to by its Superintendent Surgeon H. Hyde.

Visitors' Book—General tenor of Remarks.—Favourable.

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BRANCH, TINNEVELLY.

Extract from Annual Medical Report by Surgeon F. M. Rickard.

Remained 31st March 1874	92
Admitted	5,559
Discharged	5,525
Died...	21
Remaining 31st March 1875	105
Average daily number of sick	66·91

Name of Town, Situation, Population, &c.—The town of Tinnevelly, which is situated three miles to the west of Palamcottah, contains a population of 21,044 souls, or about $\frac{1}{80}$ of the population of the district, which numbers 1,693,959 souls, and embraces an area of about four square miles. It is the most important town in the district, and is the residence of almost all the native officials in connexion with the cutcherries and civil courts. It is surrounded by many large and populous villages, such as Veeraragapuram, Sunneeyaseegrammum, and Sindoopoonthorei on the east, Tuchanalloor on the north, Old Pettah on the west, and New Pettah, Coonoothoor, and Vilagam on the south and south-west. The dispensary is situated in a very eligible position, being bounded on the north and west by two of the four Car or main streets in the town; on the east by the pagoda of Neliupper, and on the south by the Police Station, the District Munsif's Court, and the Tahsildar's Cutcherry.

Dimensions of Hospital and details of buildings connected with it.—The hospital building is large and spacious, contains both male and female wards, and has a tiled verandah running all round, one portion of which has been converted into a surgery-room. There are two latrines for male and female in-patients, a store-room, a contagious ward, and a cook-room. The premises is enclosed by a substantial wall with outlets to carry off storm-water. There is a well in the compound, but, as the water in it is brackish, it is only used for washing purposes, drinking water being obtained from one of the four irrigating channels, which branch off from the river Tambrapoorny, and run across the town in different directions. When these channels become dry during the hot weather, drinking water is obtained from a well in the neighbourhood. The compound also contains a few cocoanut and neem trees, which help to render the hospital cool.

By whom originated, and what Medical Officers have been in charge.—This hospital owes its origin to the exertions of the late Dr. James Supple, in conjunction with those of Collectors Thomas and Bird, but when the building was completed and opened for in-patients on the 22nd September 1850 Dr. Clementson was in medical charge of the district. The following is a list of his successors :—

Assistant-Surgeon J. D. Gillies, M.D.
Do. R. Dempster.
Do. R. Wilson, M.D.
Surgeon J. S. Morton, M.D.
Do. W. R. Cockerill.

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Assistant-Surgeon D. R. Thompson, M.D..
Do. J. B. Thomas.
Do. H. D. Cook M.B.
Surgeon F. M. Rickard.

How supported.—From 1850 to May 1861 the institution was entirely supported by Government; but from the latter date up to 1864, when it was closed entirely to in, and opened only to out patients, Government withdrew the greater portion of their patronage, limiting it to Rupees 50 a month, which sum subsidized by local subscriptions, helped to maintain the institution. On the 23rd June 1864 it was amalgamated with the Palamcottah Lungerkhana Hospital, of which it now forms a branch. On the 16th November 1871 it was handed over to the Tinnevelly Municipality. In 1872 the number of in-patients was increased from 6 in 1869 to 12, and in 1874 the President of the Municipality directed that as many in-patients may be admitted as accommodation could afford.

State of Medicine among the Native Practitioners, the Vythians.—This town contains a great number of vythians who, without any knowledge whatever of anatomy, physiology, and the collateral sciences, impose on the ignorant and the credulous, asserting that they have carefully studied the works of Augustier, regarded by the natives as the Father of Hindu Medicine; and that the remedies they prescribe contain wonderful virtues and properties. In the composition of several of the medicines they use a good deal of arsenic and mercury in various forms and combinations freely enters; and the consequence is that in the majority of cases treated by them more harm than good is done. Even in anæmic cases, instead of strengthening and invigorating the system by a tonic plan of treatment, they produce just the contrary result by adopting depressive agency. As a rule every Native Barber is a doctor, who professes to have acquired medical knowledge from his fore-fathers.

Chief Medicine used by the Vythians.—Bisulphuret of mercury or cinnabar, bichloride of mercury, crude preparation of subchloride of mercury called in Tamil Poorum, white arsenic, yellow sulphuret of arsenic, crude preparations of the oxides of iron, zinc and lead, croton, colocynth mudar, &c. Nor is their knowledge of surgery in any way superior to their knowledge of medicine. They consider hernia, hydrocele, orchitis, scrotal tumor as one and the same disease, and the remedy invariably adopted in the treatment of such cases is the application of medicated warm lotion, followed by besmearing the affected part with a paste made of herbs. Meanwhile, mercurial and arsenical preparations are unscrupulously administered internally to prevent, as they say, the vayvoo (wind) from collecting.

The Hakeems.—Besides the vythians, there are a few hakeems who are egotistic enough to declare that the mysteries of the healing art are to be found only in Arabic medical works; that they are the repositories of medical skill and science, and therefore that the most implicit confidence may be reposed in their treatment and mode of cure.

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European Medicines used by the Natives.—Calomel, peppermint, santonine, quinine, iodide of potassium, copaiba, codliver oil, chlorodyne, tincture ferri, citrate of iron and quinine, carbonate of soda, tartaric acid, ferri peroxidum, tincture scillæ, spirits æther nitrici, tincture of opium, tincture of myrrh, aniseed oil, rhubarb, jalap, and cream of tartar. The Hindus of the town also use, more or less, of the above which are to be had of Thomas and Company, Druggists at Palamcottah. No European medicines are sold in the bazaars in this town.

State of Vaccination, and view of the people as to its virtues.—Vaccination is systematically carrid on in this town by a male and a female vaccinator, who are placed under my professional supervision; and the Municipal Commissioners and myself examine those who have been subjected to vaccination. The prejudice against vaccination is gradually wearing away, particularly among the higher classes, though the lower still seem to labor under the infatuation that vaccination is a heinous sin against the goddess Mareeumaul.

Native Oculists and Lithotomists.—There are no lithotomists in this district, but it is occasionally visited by certain Mahomedans from the north who profess to be oculists.

The following table shows the total admissions and deaths, together with average daily sick, from 1850-51 to 1874-75 :—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1850-51	51	548	7⅓	51¾	5	1
1851-52	65	1,148	9	42	7	3
1852-53	96	4,057	11	81	6	16
1853-54	171	3,607	14	117	18	12
1854-55	212	4,132	19¾	112⅙	23	16
1855-56	185	4,398	15	120⅙	15	11
1856-57	182	4,782	26½	134⅙	22	8
1857-58	220	5,769	25	150	18	47
1858-59	166	6,135	22	182⅓	23	8
1859-60	134	5,080	15¾	111	14	10
1860-61	168	4,935	12¾	165½	22	21
1861-62	179	4,400	12¼	73⅓	11	5
1862-63	411	4,459	18⅙	49¾	14	13
1863-64	301	4,714	14¾	52¼	7	...
1864-65	12	3,600	1¼	28	...	1
1865-66	...	2,882	...	25¼	...	11
1866-67	...	1,992	...	36⅙	...	5
1867-68	...	2,115	...	35⅙	...	10
1868-69	...	2,337	...	36	...	2
1869-70	42	2,899	3½	36	1	1
1870-71	79	3,544	7⅓	37⅓	13	13
1871-72	87	3,501	7¾	35	5	...
1872-73	92	4,153	11	42	7	1
1873-74	115	5,675	9	55⅙	4	1
1874-75	138	5,421	11¾	55	18	3

Principal Diseases and classes of disease prevalent during the Year.—The following are the principal diseases which prevailed during the year, *viz.*,

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fevers, rheumatism, dyspepsia, scabies, inflammation of the membrana tympani, abscesses, ulcers, and venereal in its various forms and stages. The number of admissions was of in-patients 138, or an increase of 23 on the previous year; while the number of out-patients was 303 less, the actual admissions of the latter being 5,421, as compared with 5,724 in 1873-74. This decrease is attributable to the exceedingly healthy season enjoyed as stated above.

The annual report, as drawn up by the Hospital Assistant in charge, gives all the required information. The point, I would notice, and that is, that during the year the Hospital Assistant met with an accident and fractured one of the bones of the fore-arm. He was consequently some time unable to perform his duties, and there was a decided diminution of attendance on the dispensary, the patients preferring to go without treatment until he himself could again attend them—a feeling which speaks well for the subordinate.

I repeat what I said last year, that the Subordinate C. Santhiwale, No. 453, is unremitting in his care and attention towards his sick, and that the success of his earnest endeavour is apparent both in the hospital and town.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 10th November 1874.

Conservancy.—The conservancy of the town as regards the main streets is good, but the lanes and petty streets are not kept in such a condition as they should be. The drainage of the town is almost all artificial and is tolerably good.

Hospital.—The results of a somewhat minute inspection on the present occasion were very satisfactory and supplied ample proof of the assiduous care bestowed on the working of the institution by its Superintendent, Surgeon F. M. Rickard, and staff under him. The structural condition of the building is good, the wards clean and well ventilated, and in the appearance the sick inmates presented, one might read the care and attention they were, severally, receiving.

Visitors' Book—General tenor of Remarks.—Favourable.

TRANQUEBAR.

Extract from Annual Medical Report by Assistant-Apothecary E. Trutwein.

Name of Town, and Population of Town.—The town of Tranquebar is situated about two miles away from the fort. It is called Poriar, and has a population of 5,864, but with its suburbs it is 22,252 ; it is situated in the Mayaveram Taluq which contains a population of 221,749.

Situation and Originator of Institution, How supported.—The dispensary is situated on the north-east side of the town, and was established on the

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1st May 1861. The originator of it was Dr. J. M. Joseph. It was originally supported by subscriptions collected from the European inhabitants and rich meerasadars, but since November 1872 the funds of the institution, which amounted to Rupees 23,000, and were invested in the firm of Messrs. Arbuthnot and Co., were transferred to the Local Fund Board, Negapatam Circle, which has since taken up the management of the institution.

Medical Officers who held Charge.—The following are the names of the medical officers who have had charge since its establishment:—

Dr. J. M. Joseph.	Dr. J. F. Fitzpatrick.
„ J. Murray.	„ J. P. Nash.
„ F. Duckworth.	„ H. G. Archdall.
„ J. Smith.	„ J. B. Thomas.
„ F. O. B. Wither.	Assistant Apothecary E. Trutwein.

Sick treated since 1865.—The total number of admissions and average daily sick and deaths since the year 1865 are tabulated as follows:—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1865	285	4,087	6¾	67¾	3	1
1866	326	3,929	9½	65¼	8	2
1867	178	3,763	6⅓	57⅛	2	2
1868	75	2,408	4	15	2	1
1869	131	2,117	10	11⅛	4	2
1870	131	2,560	$9\frac{7}{12}$	$16\frac{18}{32}$	4	2
1871	110	2,970	8¼	13⅛	1	1
1872	126	3,631	9¼	16¼	7	1
1873	164	3,491	11·10	15·12	7	1
1874-75	226	2,917	12·90	21·00	7	3

Dimensions of Dispensary.—The dimensions of the dispensary will be found in a separate sheet of paper.

Police Hospital.—The Police Hospital is situated in the fort. It consists of two wards which are capable of accommodating six patients. The building is a portion of the old Station Hospital, and was utilized for the use of the Police in July 1868; before this period, a spare room in the dispensary was set apart for the Police sick.

Lying-in Ward.—Alying-in ward is attached to the dispensary. The services of a trained native midwife were secured two years ago. She thoroughly understands her work, and the natives, knowing it, appreciate it much. The ward itself appears to be a failure, as only two women were confined in it during the year.

Of obstetric operations performed there were only two during the year; one case was an elderly female with her first child; she had been in labor four days. I was sent for to see her, after her own people had tried their best for her. When seen by me she was quite exhausted, and the fœtus dead in utero two days. After giving her a strong sedative which gave her a few hours' sleep I performed craniotomy, and extracted the fœtus. There was

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some laceration of her parts, but notwithstanding this she made a rapid recovery. I was very ably assisted in this case by the native midwife. The other case was also a native who was three days in labor ; the head of the child was impacted, and labor had entirely ceased. Craniotomy was performed by First-class Hospital Assistant J. Venkatachellem, No. 349 ; this case also made a good recovery.

Native Practitioners.—There is only one recognized native doctor in the place ; there are several quacks whose services are sought for by the ignorant classes. The medicines used by them are of their own manufacture.

European Medicines in Bazaar.—There are no European medicines sold in the bazaars.

Vaccination.—Vaccination in the town from what I hear is better appreciated than in the country villages, where an old-standing prejudice still prevails, *viz.*, that the small-pox which is said to be caused by the influence of a certain goddess, Mariamal, is aggravated by vaccination. There are no inoculators here. A vaccinator is attached to the town who is paid by the Local Fund Board. He has not done much work during the year. There is a female vaccinator also here, who is paid by Government. She was appointed to this place last year, and confines her labors to the villages, where she is doing good work.

Of native in-patients there is an increase of 27 this year over the last, but the averages of both years are nearly alike. Of out-patients natives, there is a decrease of 641 in this year's return, which deficiency is made up by the increased number of admissions out-patients, natives, at the Branch Dispensary, but the average daily attendance shows an increase of nearly five in favor of this year.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 22nd January 1875.

Hospital.—During the lapsed year, no change or addition has been made in the buildings forming the dispensary, whose structural condition is all that could be desired, while the several wards are clean, and every indication is present of a well-conducted hospital economy under its present management.

Principal Diseases.—The following quinquennial table exhibits the working of the dispensary at a glance :—

Years.	In-patients.		Out-patients.	
	Admitted.	Died.	Admitted.	Died.
1870 ...	135	5	2,575	2
1871 ...	113	1	2,988	1
1872 ...	127	7	3,682	1
1873 ...	166	9	3,508	...
1874 ...	222	5	2,841	3

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An examination of the nominal register for "out-door" sick for the lapsed year discloses that more than 90 per cent. of the applicants do not repeat their visits, and, be the matter of the malady what it may, all are made to figure in the returns as "Discharged cured." Take, for example, a case of hydrocele only once seen and so returned, and so on with numerous cases, most of them chronic in their nature, and unless through miraculous agency requiring a lengthened period of curative treatment; nevertheless all are returned "Cured discharged." It is very desirable that means should be taken to ensure accuracy of returns; for example, columns should exist in which shall be shown the number of visits which the applicants, for "out-door" relief, have made during the period included in the returns.

Visitors' Book—General tenor of Remarks.—Satisfactory.

BRANCH DISPENSARY.

Extract from Annual Medical Report by Assistant Apothecary E. Trutwein.

Remained 31st March 1874	12
Admitted	1,796
Died	3
Remaining 31st March 1875	38

Sick treated.—From the above statement it will be seen that the institution has done good work. Contrasted with the past year's return there has been an increase of 514 in the numbers admitted, and of deaths there have been five less. The latter resulted from ague, pneumonia, and burn.

Diseases that prevailed.—The diseases that prevailed mostly were fevers, rheumatism, ophthalmia, bronchitis, dysentery, diarrhœa, and skin diseases.

Epidemics—Season.—There has happily been no epidemic in the station. The season was considered healthy. Harvest abundant, and prices of provisions cheap.

Convenience of Institution.—The dispensary is of great convenience to the European and Native population living in the Fort and adjacent villages, of which there are many. The principal institution is situated fully two miles away which is very inconvenient, particularly in cases of emergency. This institution is getting very popular, and in a short time I have no doubt that the present attendance will be doubled.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 23rd January 1875.

Hospital.—The building was found well arranged and the internal economy all that could be desired. Since date of last inspection no change has been made in the structural condition.

Principal Diseases.—Principal diseases, fevers, rheumatism, ophthalmia, bronchitis, dysentery, diarrhœa, dyspepsia, abscesses and ulcers, itch.

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The following is a table showing the admissions for each month for 1874, and the average daily sick :—

1874.	Admitted.	Daily Sick.	1874.	Admitted.	Daily Sick.
January	104	6·20	July	140	6·29
February	137	7·30	August...	133	8·43
March	158	7·12	September	194	15·02
April	149	7·15	October	181	22·48
May	131	7·10	November	186	21·73
June	130	7·11	December	150	17·54

Visitors' Book—General tenor of Remarks.—None.

TRICHINOPOLY.

Extract from Annual Medical Report by Surgeon-Major J. Wilson.

Name of Town.—Trichinopoly.
Population of Town.—76,530.
Population of District.—1,200,408.
How supported.—By municipal taxes.
What Medical Officers have been in charge.—

In 1857 Surgeon W. G. Davidson.
In 1857 Surgeon A. C. B. Neill, M.D.
In 1858 Do. do.
In 1858 Assistant Surgeon W. H. Davids.
In 1858 Surgeon J. Dorward.
In 1859 Do. do.
In 1860 Surgeon-Major Dorward.
In 1860 Assistant Surgeon R. Dempster.
In 1861 Surgeon J. Fitzpatrick.
In 1861 Surgeon-Major J. Dorward.
In 1862 Do. do.
In 1862 Do. J. L. Ranking.
In 1862 Do. D. Macfarlane.
In 1863 Do. J. L. Ranking.
In 1863 Assistant Surgeon J. A. Cox.
In 1863 Surgeon-Major J. Kennedy.
In 1864 Do. do.
In 1865 Do. do.
In 1865 Do. H. T. W. Harper.
In 1865 Do. J. L. Ranking.
In 1866 Do. do.
In 1866 Do. H. T. W. Harper.
In 1867 Do. J. L. Ranking.
In 1867 Do. H. T. W. Harper.
In 1868 Do. do.
In 1868 Do. A. L. T. Cooke.

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In 1868 Surgeon-Major J. Kennedy.
In 1869 Do. A. L. T. Cooke.
In 1869 Do. J. Peterkin, M.D., F.R.C.S.
In 1870 Do. do. do.
In 1871 Do. do. do.
In 1872 Do. do. do.
In 1872 Do. J. A. Cox, M.D.
In 1872 Do. A. L. T. Cooke.
In 1873 Do. do.
In 1873 Do. J. A. Cox.
In 1873 Do. J. Williamson, M.D.
In 1874 Do. do.
In 1874 Do. J. E. Dickinson.
In 1874 Surgeon Mark Robinson.
In 1874 Surgeon-Major J. Wilson.

In each Year since opening, or as far back as possible, give the following data:—

Natives.

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1857	456	23,413	$30\frac{7}{12}$	$201\frac{7}{12}$	41	101
1858	461	20,550	30	185	66	86
1859	435	16,518	$36\frac{1}{4}$	$207\frac{3}{4}$	43	87
1860	493	24,005	$38\frac{3}{4}$	$273\frac{1}{4}$	44	35
1861	353	21,536	19	$160\frac{1}{3}$	32	18
1862	319	12,566	17	106	28	41
1863	230	8,106	14	46	28	12
1864	247	10,873	$12\frac{1}{3}$	52	13	2
1865	123	8,403	$6\frac{1}{4}$	$42\frac{1}{6}$	18	2
1866	174	7,035	$7\frac{3}{8}$	39	36	6
1867	219	7,792	$10\frac{1}{3}$	$34\frac{1}{3}$	31	7
1868	232	8,224	$10\frac{21}{96}$	$35\frac{3}{16}$	26	9
1869	212	7,791	10·48	34·58	31	1
1870	212	8,103	$9\frac{3}{4}$	$30\frac{3}{4}$	53	4
1871	195	7,602	11·75	30·94	34	1
1872	246	8,642	11·57	44·84	32	3
1873	339	8,233	15·65	45·74	33	...
1874 (for 3 months)	79	2,168	15·76	43·18	16	1
1874-75	389	17,063	16·63	86·35	60	2

Europeans.

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1869	5	89	3·43	5·93	...	...
1870	12	148	7·58	8·21	1	...
1871	11	201	·52	1·5	1	...
1872	28	345	·67	1·40	2	...
1873	30	598	1·07	3·09	2	1
1874 (for 3 months)	9	155	·93	2·54	1	...
1874-75	24	730	1·33	3·51	1	...

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Dimensions of the Hospital.

Different Wards and Rooms.	Length.	Breadth.	Height.	Superficial area.	Cubic feet.	Number of patients in each ward.
Male ward	30	30	18	900	16,200	14
Four side rooms each	8	8	10½	64	672	1
Four asphalted verandahs each ...	31	9¾	10½	302	3,173	...
Four tiled verandahs each	63	9¼	9¼	582	5,390	...
Female ward	26½	20	11½	530	6,095	6
Female ward verandah around ...	132	8¾	9½	1,155	12,472	...
Female ward bath-room	8	7	9½	56	532	...
Surgery	20	15	11¼	300	2,375	...
Store-room	20	10	11¼	200	2,250	...
Clothing room	8	7	9½	56	532	...
Examining room	8	7	9½	56	532	...
Verandah around the surgery ...	81	8½	9½	688	12,081	...
Two bath-rooms each	9⅛	6½	9¾	59	575	...
A Noble ward with four rooms each	12¼	10	12	122	1,433	1
Noble ward's verandah	53⅛	6	8	319	2,552	...

State of Medicine among the Native Practitioners.—The native practitioners are, as a rule, ignorant, especially of surgery, and in medicine can only diagnose the most ordinary ailments. I need not say that without correct diagnoses the treatment must be useless.

What European Medicines are available in the Bazaar.—Calomel, quinine, mineral acids, opium, santonine, &c., are procurable in the bazaars; there is also a druggist's shop kept by a dresser who resigned the service; the native practitioners use European medicines to some extent.

Vaccination.—Vaccination is carried on extensively in the district by the Government vaccinators and in Municipal limits by vaccinators employed by the Commissioners; the people are not violently opposed to it, but, as a rule, are indifferent. There are no inoculators.

Are there any Native Oculists or Lithotomists in the District.—There are a few itinerating Mahomedan oculists who come here perhaps once a year, and in Poodoocottah there is one employed permanently in the service of the Rajah. There are no lithotomists in the district, stone in the bladder being almost unknown.

Principal Diseases and Classes of Disease prevalent during the Year.—The principal diseases have been malarious fevers, ophthalmia, rheumatic affections, syphilis in its various fevers, bronchitis, diarrhœa, and dysentery, itch, abscesses and ulcers, and surgical cases of various kinds, including numerous fractures. Malarious fevers yield readily to the usual treatment, and are not intractable when contracted here: enlarged spleens are not common.

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Economic Statistics and Management of the Hospital.—The dispensary, or as it is now called the Municipal Hospital, is under the management of the Municipal Commissioners. The financial statement furnished by the President of the Municipal Commission is appended. Rupees 6,300 have been withdrawn from the capital, *viz.*, Rupees 3,805 for construction of the dispensary and Rupees 2,495 as loan for extending fort market.

Condition as to usefulness of Lying-in Ward, if any.—There is no lying in ward, but it is in contemplation to build one next year.

Changes in, or additions to, Hospital Buildings, &c., during the Year.—On September 1st the hospital was removed from its former to its present site, in every way more suitable, not only from the superior structure of the building itself, but from its more central situation, being close to the market and in the centre of the native population. It consists of a male and female ward for pauper patients, a surgery and store-rooms, each detached buildings; there are also four small wards for a better class of patients willing to pay a small sum for separate accommodation: a contagious ward is in course of construction; a lying-in ward is in contemplation; and as a temporary measure a thatched shed has been built for the lepers pending reference to Government regarding their removal to the unoccupied portion of the old jail used as a Lock Hospital. All the buildings above referred to are enclosed within a wall outside which there are quarters for a Medical Subordinate and a dead-house.

The number who dieted themselves was 65.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 7th January 1875.

Hospital, &c.—The want so long felt and so often illustrated in former inspection reports has at last been supplied, and in buildings in every way suited for its object. Trichinopoly has at last obtained a dispensary equal to the necessities of its suffering poor. On the 1st December 1874 the new dispensary buildings, occupying a site in a large open space near the "General Market," a central one in respect at least of so straggling a town as Trichinopoly, was opened to the public. The design on which this hospital has been built is, in some respects, different from that which obtains in so many of the older dispensaries, at least in this circle, provision having in the first place been made for the reception of "In-door" caste sick, and this in fulfilment of the instructions of Government—a provision which has no place in the older system of dispensaries; while in the second place accommodation detached from the main wards for "In-sick" has been provided in which the surgery, reception of daily "Out-sick" and dispensary work are conducted, a system so superior to the old one, where all this work is done within the hospital, notwithstanding its perpetuation in the "standard plan" which has authoritatively been published for general adoption.

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Principal Diseases, &c.—The principal diseases amongst the population during the year under review were fevers, rheumatism, bowel-complaints, venereal and catarrhal affections, abscesses and ulcers, and skin affections.

The following is a comparative table of the "In" and "Out" patients treated in this institution during the last five years:—

Years.	In-patients.		Out-patients.	
	Admitted.	Died.	Admitted.	Died.
1870 ...	224	55	8,251	4
1871 ...	206	35	7,803	1
1872 ...	270	34	8,987	3
1873 ...	369	35	8,831	1
1874 ...	402	66	15,502	3

Visitors' Book—General tenor of Remarks, &c.—Favourable.

TRINOMALAY.

Extract from Annual Report by Second-class Hospital Assistant S. Israel.

Sanitary Condition of the Town, Name of the Town, Population of Town and of District.—The population of South Arcot district as per last census is 1,700,008, and of the town, Trinomalay, is 9,372. The town is entirely surrounded by jungles, and has a large hill on the west. Its streets are clean and well kept up; the houses are built in rows, but too close to one another, people resort to jungle for easing, and even throw their rubbishes there; water for domestic use is procured from tanks, which are chiefly guarded for the purpose; a good quality of dietary provisions are sold in the local bazaars.

The Date of Establishment of the Dispensary, Support, and Number of Cases admitted since opening.—Epidemic fevers (intermittent and remittent fever) usually break out in the west and south-west portion of the taluq where it is surrounded by hills. The outbreak of fever occurred in January 1875; still prevails in the abovementioned parts of the taluq; pilgrims (Hindus and Brahmins of the Siva sect) who resort to the town for its sacredness sometimes fall a victim to the epidemic. Tahsildar M. Atmanada Moodelly who was in charge of the taluq in the year 1873 thought it advisable and wrote an urzi to the Deputy Collector C. Sribaliah to establish a Civil Dispensary and join the same to the Police Hospital. This latter officer recommended the same to the favorable consideration of the President of the Local Fund Boards, Cuddalore Circle. Government in their Proceedings No. 1,075, dated 26th June 1874, resolved the establishment of the dispensary and agreed to pay from Provincial Funds half the salary of the Hospital Assistant and half the cost of medicines used within the dispensary for Police, whereas the other half from Local Funds.

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The dispensary was originated on the 5th July 1874, and the number of cases admitted since opening is shown in the following table :—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1874-75 ...	...	3,139	...	4,039	...	8

Medical Charge of the Dispensary.—The medical charge of the dispensary since establishment is held by Subordinates. Second-class Hospital Assistant S. Israel, No. 744, took charge of the dispensary on the 5th July 1874, and continues in charge.

State of Vaccination and view of the people as to its virtues. Presence of Inoculators, Lithotomists, and Native Oculists.—Vaccination is performed by Government Vaccinators, and the public highly appreciate its good effects. Twenty-eight cases were vaccinated in this hospital during the official year 1874-75, of which 27 successful and one unsuccessful. No inoculators or lithotomists present in the town or taluq. One oculist, a Mahomedan, is, I was told, practising at Areethareemungalum, village of this taluq.

European Medicines available in the Bazaar and to what extent the Native Practitioners and public use them.—European medicines—quinine, soda, nitric acid, sulphuric acid, oil of cloves, and cinnamon—are sold in the local bazaar; a few of the native practitioners and public use them for fever, &c.

State of Medicine among the Native Practitioners, &c.—Vythians of this place extensively use yellow sulphuret of arsenic, bisulphuret of mercury commonly termed lingum, and thalagum, or pills composed of these medicines, for every sort of fevers, and subchloride of mercury (purum) for venereal affections. They extend their practice by administering decoctions composed of various drugs and herbs for different diseases. In some cases of fevers the above medicines act beneficially, in others they produce bad results by causing anasarca, diarrhœa, dysentery or bloody purgings. I had to treat a few cases of fever, &c., after my arrival here which had been previously under vythian's treatment; they almost all suffered with these affections. On the whole, I am of opinion that vythians of this part of the country are not competent to treat different diseases, for the knowledge of their profession is limited.

TRIPATORE.

Extract from Annual Medical Report by Passed Hospital Apprentice F. F. Clarke.

The present dispensary was established in the Tripatore Division on the 11th July 1872. It consists of the two taluqs of Uttengherry and Tripatore.

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The present dispensary was removed from its original site on the 26th January last to a Sub-Jail Hospital in the same compound, which was found to be a more suitable building by the Collector of Salem on his tour of inspection, and therefore ordered by him to be the seat of the present dispensary as a temporary measure. Certain repairs had been made to this building prior to the removal of the dispensary into it. The Sub-Jail Hospital alluded to has never been used as such, owing to which the present arrangement has been made of converting it into a dispensary. The only disadvantage is there is no proper accommodation for in-patients as well as a want of free ventilation. But in course of time the new hospital estimated for and sanctioned by the Local Fund Board is hoped to be erected when more comfort will be experienced.

As regards sanitation the town of Tripatore may be considered healthy, but its outskirts are feverish, especially in the villages situated at the foot of the Zalagherry and Javadai Hills.

During the last year the cases treated have been chiefly fevers, dysentery, skin diseases, and bowel-complaints.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 11th March 1875.

Hospital.—The building described in the Inspection Reports submitted on the 25th November 1872 and 25th November 1873, respectively, was abandoned on the 11th January last, when the "Sub-Jail Hospital" was occupied, and in it the work of the dispensary will be conducted till the completion of the new dispensary buildings, which it is understood will shortly be entered on. The "Sub-Jail Hospital" has its site in the same compound in which is the Collector's Cutcherry. It consists of a narrow range of shed-like building 28 × 9 feet, open as it looks on the compound. Its low tiled roof, resting on the outer wall, which is pierced by four oval ventilators, is supported on wooden pillars, and these are connected by wooden planks separated from each other by intervals of four inches—an arrangement intended less as a protection against the inclemency of the weather than as a means to coerce the inmates. Its sub-divisions are two: in the larger the dispensary work is conducted, and in it are two almirahs in which are secured the medicines and supplies; the smaller sub-division, 12 × 8 feet, contains three iron cots. On the whole the change is an improvement on the old structure, and will answer its purpose during the interval that must elapse the completion of the new dispensary building. Inspected on the present occasion with the necessary minuteness, satisfactory proofs were found of the efficient working of the institution under its present superintendence.

Visitors' Book—General tenor of Remarks.—Favourable.

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TRIPATTY.

Extract from Annual Medical Report by P. MUTHUSAWMY NAIDOO, No. 175.

Name of Town, Population of Town and of District.—Tripatty town, with 10,406 inhabitants, is attached to Chendragherry Taluq (containing a population of 99,628) of North Arcot District, which is populated by 2,015,278 inhabitants.

Date of Establishment.—The institution was established on the 3rd October 1871.

By whom originated.—Originated by the Local Fund Board, aided by Stree Hutte Ramjee Mutt Stree Durma Dossjee the Mahaunt, through the instrumentality of Messrs. Balfour and Robinson.

How supported.—By the beneficence of the Mahanta or Manager of the Tripatty Pagoda.

What Medical Officers have been in charge.—I have succeeded C. Santhavale Pillay, who had been in charge of the institution since its commencement.

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.		Remarks.
	In.	Out.	In.	Out.	In.	Out.	
1871	...	595	...	23½	...	...	
1872	...	3,311	...	28·43	...	...	* Supplemental Return for January, February, and March 1874
1873	...	4,828	...	38·92	...	...	
1874*...	...	1,141	...	30·46	...	...	
1874-75	7	5,090	·36	58·52	2	...	

Dimensions of Hospital.—The present hospital is temporarily located, for want of a permanent place, in a muntapum or room forming a subsidiary building to a pagoda of the place, sketch plan whereof is herewith annexed.

What European Medicines are available in the Bazaar.—A few European medicines available in the bazaar. Quinine, potassii iodidum and epsom salts are sparingly used by native quacks in disguise, by commixing them in a manner to conceal their natural appearance.

Vaccination.—Want of a permanent staff of vaccinators is very deeply felt by the population, who gradually open their eyes to its beneficial effects. Inoculation is very foreign to this place.

Are there any Native Oculists or Lithotomists in the District?—None except some Mahomedans, who rarely visit the place under the disguise of mendicants and fakeers, who spoil the eyes ultimately, though but for the time being the sufferers be mislead to believe beneficially from the mere fact of their shedding much tears on every local application to the eye of irritating compounds.

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TRITRAPOONDY.

Extract from Annual Medical Report by Passed Hospital Apprentice H. Rath.

Tritrapoondy, a town in the Tanjore District, lies 25 miles, south-west of Negapatam; it contains about 668 houses with a population of about 3,692 people, giving an average of 5·52 inhabitants to each house.

The taluq of Tritrapoondy is made up of 245 villages, having an area of 536 square miles with a population (as per census of 15th November 1871) of 154,714, of all castes; the population of the Tanjore District is 1,973,731.

The town is watered by the Mulliar, which is a branch of a branch of the river Cauvery.

This dispensary was opened in October 1869 at the request of the Managing Committee of the Manargudi Public Dispensary and on the recommendation of the Collector of the district, *vide* Proceedings of Government, Public Department, 31st August 1869, and is now supported by the Local Fund, Negapatam Circle; since its establishment, it has been gradually gaining favour in the eye of the public, and is at present much resorted to by all castes and creeds. This dispensary was placed for a short time under Second-class Hospital Assistant, No. 464, Teeroomalliah Naidoo's charge, who delivered over charge to Second-class Hospital Assistant G. Veerabuthren Moodelliar, No. 523. I took charge on the 10th April 1874.

The hospital consists of one room and an east, a west, and a south open verandah; it is a thatched building; the length of the room is about 16 feet 3 inches, breadth 7 feet 3 inches, height from ridge of roof to floor 12 feet 9 inches, and height of walls 9 feet 5 inches; the dimensions of the verandahs are as follows:—

	Length.		Breadth.	
	FT.	IN.	FT.	IN.
East verandah	19	6	6	9
West do.	19	6	7	1
South do.	15	8	6	5

There is no room for the admission of patients, and there is no Police Hospital; the members of that force are attended to at the dispensary, and if too unwell to attend are treatd at their quarters. There is no separate ward for lying-in cases; this is much to be regretted, as the want of one is very much felt.

Hakeems and vythians exist in the town; they are ignorant in the first instance of the elementary principles of medicine and surgery, and cannot even diagnose a case; their medicines consist for the most part of roots and crude preparations of mercury and arsenic, with which they do a great deal more harm than good; the inhabitants are beginning to see their folly, and do not now repose such confidence in them, but prefer applying for aid at the dispensary.

Impure preparations of mercury, arsenic, sulphur, iron and lead are sold in the bazaars, and are much used by the hakeems and vythians, but they are

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ignorant in the first place of the proper doses of these and use them indiscriminately in almost every disease, and without the least consideration for the age, condition, or state of health of the poor patient; and I have found in some cases their cure to be worse than the disease.

Vaccination is carried on in the taluq by the Government Vaccinator, but still prejudices exist, and many are afraid to have their children vaccinated for fear of arousing the anger of the goddess of small-pox (Maury-amal), and others object to having their children vaccinated at an early age.

One inoculator lived in the town in the year 1873, and a part of 1874, and did a great deal of mischief, but he was told by the Magistrate to desist, or that he would be punished.

There are no native oculists in the town, but there are a few in the taluq, and these generally perform operations (solution) for cataracts, but very often, though not always, destroy not only the diseased but the good eye also. There are no lithotomists in the taluq.

That the benefits of this institution are year by year being more appreciated will be seen by the following table:—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1869	...	803	...	42⅛	...	...
1870	...	2,407	...	27½	...	4
1871	...	2,543	...	21¼	...	2
1872	...	2,910	...	19·21	...	5
1873	...	2,802	...	15·38	...	3
1874	2	7,572	·03	38·08	...	6

Of the total number (7,574) treated, 5,637 were males and 1,937 females, of all castes; the number of admissions exceed that of the previous year by 4,770.

Principal Diseases.—The principal diseases were fevers of an intermittent type, rheumatism, diseases of the eye, and digestive system, skin diseases, and injuries.

No change has taken place in the building of the dispensary; the new building for the dispensary is not yet begun; the present building is quite unsuited for the purpose, and there is no accommodation for the admission of in-patients, and many poor people apply for admission.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 26th January 1875.

Hospital.—The work of this dispensary still continues to be conducted in the old squalid mud-walled structure described in the Inspection Reports submitted on the 25th January 1873 and 13th March 1874, respectively; and were it not that attention has been so often drawn in like reports to

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the reasons which, in my view, render it inexpedient to use such inappropriate buildings for such a purpose, I would enlarge on this subject here. Let me trust that attention may soon be aroused to the necessity of giving to this station a building for a dispensary worthy of the beneficent objects which those institutions are designed to accomplish. On reaching the hospital on this date, about 3 o'clock P. M., many of the inhabitants were gathered around it, and were, some of them, lookers on what was being then enacted in an open shed in the narrow patch of ground in rear of the hospital, *viz.*, the evisceration of the body of a young Hindu woman which had been found by the Police and brought for inspection. But it is not to describe the ghastly spectacle on which those people were gazing, but to illustrate a subject and a procedure against which I have for the last five years raised my voice by so telling an example, and to urge upon the authorities the claims of the inhabitants of this and other towns endowed with dispensaries to have them protected against being converted by the Police authorities into so many morgues. Apart from the indecency of such a procedure there is this to be urged against it, that it is abhorrent to the prejudices and superstitious fears of the inhabitants, who, many of them, rather suffer their ills and worse, perhaps those inflicted on them by their native doctors, than have recourse to a hospital where such things are possible. Only Governmental interference will check this evil, so as to restrain the Police authorities from *perpetuating* it here and elsewhere.

Principal disease for the last year.—On the 10th of April last the charge of the hospital devolved on a youth of the Hospital Apprentice grade, on its being relinquished by a Native Hospital Assistant. The change is not a good one, at least in my opinion, for the reasons assigned in my Inspection Report of Sheally submitted on the 11th instant, and which, *mutatis mutandis*, are equally applicable to the dispensary now reported on. The hospital books were inspected, and with them the nominal register, where, with other indication of careless keeping, may be instanced the fact that fully more than 94 per cent. of the applicants at the dispensary never again repeated their visits, at least so far as I could ascertain.

Visitors' Book—General tenor of Remarks.—Favourable.

TUTICORIN.

Extract from Annual Medical Report by Assistant Apothecary D. O'Leary.

The old town of Tuticorin, or Tuticorin proper, is a narrow strip of land about 1¼ miles long and ¼ mile broad, hemmed in by the sea on the east and a dry salt marsh on the west, which becomes a swamp during the rainy season. Within this narrow space are crowded almost all the public buildings, all the cotton screws, godowns, bazaar, market, &c., and the race of Paravahs, or fishermen, live entirely within this confined space, and will not move out into more open ground. The town is bisected into a northern and southern

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half by the railway terminus. In the southern half the principal public buildings are located, as well as the main bazaar, market, &c., and here the Paravahs muster strongest. In the northern half the Vellalahs, Chetties, and other sub-divisions of the Tamil race principally reside, with a small proportion of Paravahs. The suburb of Melur is of very recent origin, and is much better in a sanitary point of view than the old town, being open and dry. A large proportion of Brahmins and Vellalahs dwell here, and nearly the whole of the small Mahomedan population of this town. The only public buildings located in this suburb are the dispensary and Telegraph Office.

The population of the town is estimated at 10,565, and that of the district at 1,693,959.

By whom originated.—The dispensary in this town was originated by the Municipality, and the institution was opened on the 1st July 1870. It was first established in a house situated on the Great Cotton Road, close by the beach, which was given, rent free for three years, by Mrs. Pereira, a wealthy widow of the Paravah caste; and in 1874, when the late Mr. Boyle, Acting Head Assistant Collector, was negotiating the purchase of a house and ground in Melur with the view of removing the dispensary to that locality, she very generously purchased the property in question for a sum of Rupees 2,500 and presented it to the Municipality, the sole condition attached to the gift being that the dispensary should be named after her late husband. From the ground plan attached the dimensions of the hospital will be at once made out.

How supported.—The dispensary is supported by annual allotments from the municipal budget, supplemented by a small annual grant from Local Funds. There are no subscribers to the institution.

What Medical Officers have been in charge.—First-class Hospital Assistant T. Valoyudum Pillay held charge of the dispensary from its opening up to 23rd June 1872, Assistant Apothecary W. A. Harrison from 24th June to 13th November 1872, and since then the present incumbent has been in charge.

The table given below exhibits the total admissions, average sick, and deaths since the opening of the institution :—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In	Out.	In	Out.	In	Out.
1870 (6 months)	...	1,444	...	23	...	3
1871	...	1,750	...	18	...	4
1872	6	1,792	0·08	17·28	...	9
1873-74 (15 months) ...	80	9,820	4·09	75·19	10	14
1874-75	181	10,091	6·75	92·37	23	13

State of Medicine among the Native Practitioners.—The state of medicine amongst the native practitioners here is not very encouraging. Mineral remedies are greatly in favour amongst them, and the most largely used of

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those are mercurial preparations, while at the same time their patients are kept upon the poorest diet. In venereal affections particularly is mercury used most freely, and without due discrimination, and the general result to their patients is not favourable. There is only one vythian in whom the natives appear to place any faith, and he has gained his reputation from discarding to a large extent his time-honoured nostrums and using European drugs freely, such as quinine, calomel, santonine, &c. It may be easily imagined that with such valuable medicines, used even at haphazard, he would obtain a larger measure of success than his less favoured fellows.

The imposition which some of them practise is only surpassed by the credulity of the natives, who allow themselves to be so palpably duped. Some set up for sprain doctors, and profess to cure all pains in the limbs by frictions with oil. Others remove thorns from the eyes "by licking the patient's naked eyeballs, while a third set remove grains of sand from the eyes by rubbing butter on the back of the patient's neck ! !" Women also practise as doctors, and consider the treatment of children's diseases their own particular province. Some of these profess to cure obstinate attacks of diarrhœa by tapping and kneading the abdomen, under the idea that the diarrhœa is caused by a twisting of the bowels, and that such kneading helps to untwist the gut and so cure the disease.

What European Medicines are available in the Bazaar.—No European medicines are procurable in the bazaar, but there is a shop in the town where a good many European drugs can be obtained. Ordinary country medicines, such as nitre, sulphur, camphor, &c., are easily procurable in the bazaar.

Condition of Public Health.—The condition of public health during the past year was on the whole satisfactory. The total number of registered deaths for the year was 424, being in the ratio of 40·38 per mille of the population, taking the latter to be 10,500. Of this number 18 died from small-pox, 94 from fevers, 82 from bowel-complaints, 6 from suicide, wounds and accidents, and 224 from "all other causes." From tables of deaths and births appended, compiled from information obtained from the Municipal Office, it will be seen that the greatest number of deaths took place during the cold months of the year, at a time when sharp north-east winds prevail. From November to February 197 deaths took place, leaving a balance of 227 deaths which took place during the remaining eight months of the year. The deaths from small-pox preserved a pretty uniform rate throughout, but there are great fluctuations in the number of deaths from fevers. During the months of June, July, and August 9, 8, and 7 deaths, respectively, are registered, but in September only 1 death occurs. In October the deaths rise suddenly to 12, in November and December they fall to 8 and 9, respectively, and in January they rise again to 17 deaths. The remaining months of the year show similar variations. The part which atmospheric changes bear in the production of fevers is therefore not very striking, but that cold and damp are powerful agents in the production of bowel-complaints is very apparent, for during the months of December, January, and February 44 deaths occurred out of a total of 82. The deaths of children under six years of age amounts to the enormous

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number of 204, or in the ratio of 481·13 per mille of total deaths. From the sixth to the twelfth year appears to be the most favourable period of life. From the twelfth to the fortieth year the death-rate rises steadily, after which there is an unaccountable fall till the sixtieth year is reached. After the latter period the death-rate is very high.

Principal Diseases.—Of native out-patients there were admitted during the year 9,959 cases, with a daily average attendance of 90·90. The most important diseases amongst them were fevers of all kinds, rheumatic affections, syphilis, dropsy, dysentery, diarrhœa, and general debility, which contributed respectively 930, 856, 375, 146, 225, 289, and 175 admissions. The total number of known deaths was 11, being in the ratio of 1·10 per mille of total treated. This is a very low ratio, and it is therefore reasonable to infer that other deaths took place, of which nothing was heard.

Of native in-patients there were admitted during the year 174 cases, with a daily average of sick of 6·41. The principal diseases amongst them were remittent fever, syphilitic affections, general dropsy, dysentery, diarrhœa, ascites and privation, which gave respectively 11, 17, 15, 9, 8, 4, and 6 admissions. The total number of deaths was 23, being in the ratio of 132·18 per mille of total treated. This ratio is very high, but the reason for this is that many of the cases are admitted in a perfectly hopeless state. All the starving and dying people found by the roadside, within a radius of 20 miles of this dispensary, are sent in by the village authorities for treatment, and coolies returning from Colombo desperately ill in the fond hope of reaching their native villages to die amongst their friends are deserted by their fellows as soon as they land, and are picked up by the Police and carried into hospital. Some of the cases have died within a few minutes after admission, and others within a few hours.

Of European and East Indian out-patients there were admitted 132 cases, with a daily average attendance of 1·47. The principal diseases amongst them were fevers, bronchitis, dysentery, and diarrhœa. Two deaths took place in this class.

Of in-patients there were 7 admitted, with a daily average of sick of 0·34. No deaths took place in this class, and all these patients supported themselves.

UDIPY.

Extract from Annual Medical Report by Passed Hospital Apprentice D. Wooten.

Name of Town, Population of Town and of District.—Udipy ; town 3,845, taluq 231,411.

Date of Establishment.—1st August 1872.

By whom originated.—By Local Fund Board.

How supported.—By Local Funds.

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What Medical Officers have been in charge.—Third-class Hospital Assistant P. Soobanadery, Second-class Hospital Assistant I. Zachariah, Passed Hospital Apprentice M. W. LaPorte, Passed Hospital Apprentice D. Wooten.

In each year since opening, or as far back as possible, give the following data:—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1872	...	872	...	11·94	...	5
1873	...	1,042	...	16·62	...	5
1874	6	1,787	0·18	23·36	3	1

Dimensions of Hospital.—Surgery 16′ × 10′, male ward 19′ × 16′, female ward 16′ × 15′.

State of Medicine among the Native Practitioners, Hakeem or Tabib, Pundit or Vythian, or others.—This taluq holds within its precincts a large number of native doctors (quacks), generally nominated vythians, who cause more harm than any possible good; but since of late their number is gradually decreasing. The chief disease for which their quackery is resorted to here is for venereal diseases; syphilis in all its varieties and colours can be recognised here, but of such a very few fall under the score of our treatment. Of the population of the town (3,845), at least one-fourth come under the head of syphilis and within the circle of prostitution; and were a suggestion to be moved for the erection of a Lock Hospital here, it would be then seen if the necessary restraint be held on such individuals that the admissions into it daily would by far exceed those of the dispensary.

What European Medicines are available in the bazaar, and to what extent do Native Practitioners or the people use them.—No European medicines are available in the bazaar, save a few simple drugs, as senna leaves, castor oil, gum, alumen, and nitre, and even these are not resorted to by the population or practitioners (native), the latter bearing a pride in the use of their own native drugs.

State of Vaccination, and view of the people as to its virtues. Are there Inoculators present.—Vaccination here is very successful, and viewed by the people with great faith as to its virtues. A Government Vaccinator has charge of the taluq.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 28th September 1874.

Hospital.—The work of this dispensary is at present limited to the treatment of "out-door sick," the absence of out-buildings, a cook-room, bath-room, and latrine preventing the admission of "in-door sick."

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inspected on the present occasion with sufficient minuteness, a very satisfactory report is to be made of the manner in which the duties of the hospital are conducted.

It is noteworthy that, in consequence of his inability to obtain a house near the dispensary, the Medical Superintendent has been permitted by the President of the Local Fund Board to occupy with his family one of the wards of the hospital—a procedure which can scarcely be called regular, though, perhaps, it is at present unavoidable. My inquiries tend to show that the institution, under its present management, is highly appreciated by the inhabitants of the town and neighbourhood, and that its reputation is daily acquiring development.

Principal Diseases.—Principal diseases during the year were ague, febricula, remittent fever, dysentery, diarrhœa, dyspepsia, worms, syphilitic and skin affections.

Comparative Table.

Years.	Out-patients.
1872	872
1873	1,042
1874	1,393

Visitors' Book—General tenor of Remarks.—Favourable.

UPPINANGOODY.

Extract from Annual Medical Report by Passed Hospital Apprentice E. C. Radford.

Name of Town, Population of Town and of District.—Uppinangoody Taluq, 108,484.

Date of Establishment.—25th May 1872.

By whom originated.—Local Fund Board.

How supported.—Local Funds.

What Medical Officers have been in charge.—Third-class Hospital Assistant G. Narainsawmy Naidoo, Third-class Hospital Assistant S. Simeon Pillay, Passed Hospital Apprentice E. C. Radford, the present subordinate.

In each year since opening, or as far back as possible, give the following data:—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
25th May 1872	...	662	...	12·01	...	3
1873	6	1,483	·20	15·041	...	4
1874 / 1875	16	1,010	1·80	14·29	1	3

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A temporary building was erected, and was condemned on account of its bad construction. A small hut with two rooms was erected for the accommodation of small-pox and cholera cases. The work of the dispensary is still carried on in the low, dark, bazaar shop rented by the Local Fund Board, and the Subsidiary Jail Hospital is used for severe wounded cases, &c., as a temporary measure only.

The Police are also treated at the dispensary, and any severe cases are transferred to Mangalore Police Hospital for treatment.

General Remarks in conclusion.—Some of the patients admitted into hospital and dieted at the expense of the Local Fund Board were sent to me from distant places (by the heads of villages), who were quite helpless, and nurses had to be engaged to cook for and look after them; some in the extreme stages of the disease were brought in, which accounts for the death of the woman.

There being no house procurable in the vicinity of the dispensary, I have to reside on the opposite side of the river, which is a great inconvenience.

UTTAMAPOLIEM.

Extract from Annual Medical Report by Second-class Hospital Assistant P. Thagaroya Moodelly.

In submitting the accompanying return, I beg to report that the dispensary was established here on the 3rd September 1873, and it continues to maintain its usefulness to the public very favourably. The inhabitants have gained more confidence with regard to the English mode of treatment and to the remedies than the previous year. The population of the station is about 5,214.

The climate and season of the year have been good, and there has been a sufficient fall of rain during the year than that of the two previous years. The people of the sub-taluq have enjoyed good health. No epidemic disease prevailed during the period.

Table showing the State of the Sick of In and Out Patients since the Dispensary was established.

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1873-74	...	1,884	...	28·77	...	9
1874-75	8	2,463	·38	23	...	3

The following are the principal diseases or causes of sickness admitted during the year, *viz.*, fevers, rheumatism, secondary syphilis, anæmia, neuralgia, conjunctivitis, colic, constipation, gonorrhœa, abscess, infl. memb. tymp, bronchitis, dyspepsia, dysentery, ascaris lumbricoides,

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diarrhœa, ulcer, skin diseases, general debility, and wounds and injuries. Of these rheumatism, secondary syphilis, bronchitis, ulcer, and skin diseases are of long standing in character. The chief cause for anæmia and general debility is fever, helped by poor and unwholesome food, and they occur among the poorer classes of the people generally.

Extract from Inspection Report by Deputy Surgeon-General W. Johnston, M.D., dated 16th December 1874.

Uttamapoliem, a town in the zillah of Madura, is distant, in a south-western direction, from Dindigul, in whose circle it is, 65 miles. The last census shows its possession of a population of a little over 5,200 souls. Without interference of any kind, the sanitary condition of the town is just such as might be expected from a people whose ideas of sanitary law are of the same type as that of their remote ancestors. Under the provisions of the Local Fund Act this town was given a dispensary on the 3rd September 1873, whose work still continues to be conducted in a part of a native shop—two small compartments, each about 12 × 8 feet. Were it not that it is in contemplation soon to cause the erection of a more suitable building, it would be well to repeat here the objections that have so often been urged against using such inappropriate structures for hospital purposes.

VELLORE.

Extract from Annual Medical Report by Surgeon-Major H. Mc. E. Ross, M.D.

Name of the Town, Population of Town and of District.—Vellore. By the last census the population of the town was 37,969 and of the district 547,868.

Date of Establishment.—It appears that the dispensary was established on the 21st June 1854.

How supported.— Not known. At present it is supported by the Municipality of Vellore.

What Medical Officers have been in charge.—When first established Garrison Surgeon C. Kevin was in medical charge of the institution from 5th August 1854 to 6th February 1856; Assistant Surgeon W. H. Harris, M.D., from 7th February 1856 to 7th November 1856; Surgeon G. Morrogh, M.D., from 8th November 1856 to 3rd February 1857; Surgeon C. Barclay, from 19th May 1857 to 31st December 1859; Assistant Surgeon W. Fry, from 1st January 1863 to 2nd March 1865; Surgeon-Major H. Young, from 1st January 1866 to 31st December 1866; Assistant Surgeon W. F. deFabeck, from 1st January 1867 to 8th December 1868; Assistant Surgeon W. S. Fox, 8th December 1868 to 13th January 1875; Surgeon-Major H. Ross, M.D., 13th January 1875 up to present date.

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In each year since opening, or as far back as possible, give the following data:—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1870	221	4,672	17·49	22·33	14	1
1871	282	6,863	20·21	46·32	20	1
1872	441	5,058	28·39	34·84	24	3
1873	506	4,047	26·30	35·33	24	...
1874-75	804	7,210	36·90	48·39	34	...

The total number of in-patients treated in 1873 and 1874 was 517, and in 1874 and 1875 804 out-patients, in 1873 and 1874 5,255, and in 1874 and 1875 7,210, showing a considerable increase over that of the previous year.

If there be any Police Hospital or Lying-in Hospital, their history and good doing.—There is a Police Hospital attached to the Civil Dispensary, one of the wards of the institution being set apart for their (Police) accommodation. The working of this institution is satisfactory. There is no Lying-in Hospital, but there is always a spare ward available for these cases, and none are refused admittance.

State of Medicine among Native Practitioners, Hakeem or Tahib, Pundit or Vythian, or others.—The native practioners in Vellore treat cases with their native remedies, which are chiefly preparations of mercury, arsenic, copper, iron, and other inorganic drugs in various forms.

What European Medicines are available in the bazaar, and to what extent do Native Practitioners or the people use them.—The chief European medicines that are procurable in the native medicine shops in the town are as follows:—Quinine, chlorodyne, sulphuric and nitric acids, and oil of turpentine. Out of these drugs the native practitioners chiefly make use of quinine in all forms of fever, and chlorodyne in dysentery, diarrhœa, and colic.

State of Vaccination, and view of the people as to its virtues, Are there Inoculators present.—The view that the people take regarding the virtues of vaccination is greater than in former years, and it is kept up steadily by the medical subordinates and the municipal vaccinator. From my experience there are no inoculators at present in the town of Vellore.

The contract system of dieting the sick was carried out as usual; the rates were from 1st April 1874 to the close of the year as follows:—

Europeans.

	RS.	A.	P.
Adults	0	8	0

Natives.

Adults	0	1	11
Youths	0	1	3
Children	0	0	5

From 1st January to 31st March 1875—

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	RS.	A.	P.
Europeans.			
Adults	0	8	0
Natives.			
Adults	0	2	4
Youths	0	1	9
Children	0	1	0

This includes lighting, all hospital supplies and extras being supplied by the contractor, except European medicines, instruments, bedding and clothing, &c.

Extract from Inspection Report by Deputy Surgeon-General W. J. VANSOMEREN, M.D. dated 2nd April 1875.

Hospital.—The floors of the two female wards and Nos. 42, 4, and 5 are all of bricks, more or less uneven, and requiring chunam and regular pointing between them.

There is a detached contagious ward 16′ × 17′ × 14′, with one door and six windows, capable of holding four patients.

The accommodation in the hospital is far in excess of its requirements, for, with a daily average of 33 sick, there is room enough and to spare for 100 patients. The ventilation everywhere is adequate and the drainage good, artificial as well as natural.

The ground behind the hospital is very uneven, and should be levelled to facilitate its being kept clean. The male and female latrines are provided with means for maintaining the dry system, and coal-tar is used; there was earth in the trenches, but I saw one dropping in the male latrine uncovered with earth. Each ward is lighted with a kerosene light at night. The water-supply for drinking is from a well near the adjacent pagoda. The fluid is clear, but seemed to me unsavoury, and it would be better for filtering, but filters are not used. Excreta from the latrines are buried daily in pits at the north-west angle of the fort within the premises of the hospital—an objectionable arrangement. There is a dead-house at the end of a block of buildings opposite the male latrine, a sufficiently roomy apartment, and at adequate distance from, and north of, the hospital wards.

Principal Diseases.—Ague, chronic rheumatism, ulcers, and wounds have the largest numbers of admissions under them. 662 patients were admitted in 1874, and of those treated 29 died, the largest number (5) of deaths occurring from diarrhœa, and the next number (4) from general dropsy. Among out-patients bowel-complaints, ague, and skin diseases were the principal maladies.

How supported and maintained, State in what they be deficient.—Almost entirely by the Municipality, and very slightly by voluntary subscriptions. Deficient in clothing.

Visitors' Book—General tenor of Remarks.—One correct remark about the inadequacy of the number of cots, and one about the unsuitableness of the

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building to a Civil Hospital is also correct. I consider its situation also unfavourable to its present purpose.

VINNUKONDAH.

Extract from Annual Medical Report by Passed Hospital Apprentice R. Collins.

Name and Situation of Town.—Vinnukondah is the chief town in the taluq of the same name in the Kistna District. It is situated 54 miles to the west of Guntoor on an undulating tract of country.

Population and Houses.—The population and houses number, respectively, 4,940 and 984. The population of the district is 1,452,374. The bulk of the people in this town are Brahmins and Bunyans. Nearly all the houses are built of mud and terraced; the roofs are made of wood, on the top of which a layer of mud is placed. The houses are long, narrow and ill ventilated; the doors are the only openings through which fresh air can enter.

Hospital.—There is no hospital at present in the town. A Civil Dispensary supported by the Local Fund Board was opened out on the 15th December 1874, and affords gratuitous out-door relief to all who may apply for treatment. The dispensary is temporarily located in a portion of the building set apart for the Post Office.

The total of admissions, average daily sick and deaths are as follows :—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1874-75	None.	564	None.	30·06	None.	4

The following medical officers were in charge of the dispensary :—Passed Hospital Apprentice R. R. Wale, from 15th December 1874 to 28th February 1875. Passed Hospital Apprentice R. Collins, from 1st to 31st March 1875.

Vaccination.—Vaccination is carried on in this town by the medical subordinate attached to the Civil Dispensary and one Government Vaccinator. The number of cases operated on during the year is comparatively small. The people are greatly prejudiced against vaccination, and do not appear to be well acquainted with the benefits to be derived from it. They evince great unwillingness to get themselves and their children operated on.

Inoculation is not practised in this taluq.

State of Native Medicine.—There are ten vythians practising in this town. They are held in great estimation by the people, and are invariably resorted to by the sick. They chiefly employ roots, barks, leaves, and pieces of indigenous plants in their treatment. No European drugs are made use of by them, and none are available in the bazaars.

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Principal Diseases and Classes of Diseases.—Cutaneous diseases caused the largest number of admissions during the year. Chronic skin diseases are very common in this town; the subjects are chiefly old, debilitated, ill-nourished people, who pay little attention to personal cleanliness.

VIZAGAPATAM.

Extract from Annual Medical Report by Surgeon-Major J. P. NASH.

The town of Vizagapatam contains a population of about 50,000. The dispensary was established in August 1845 by the orders of Government, but is now chiefly supported by His Highness the Maharajah of Vizianagram, who has endowed it with Rupees 20,000, the interest of which is annually expended in diets, perishable articles, servants' wages, country medicines, furniture, clothing, bedding, and repairs. If further pecuniary assistance is needed, the Dispensary Committee is authorized to apply for the sum required to Sri P. Jaganath Raz Sahib, the Diwan to His Highness. European medicines and the pay of the medical subordinate and peon are paid for by a joint contribution from the Local Fund Board and the Municipal Commission.

The following medical officers appear to have been in charge of the dispensary:—Drs. J. H. Blackwell, C. A. Andrews, J. Dougall, H. Adam, and G. E. Whitton.

The following list exhibits the admissions, average daily sick, and deaths in the dispensary since 1853:—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1853	166	4,269	10	45½	14	...
1854	307	4,541	16¼	55	44	35
1855	211	5,498	11	28	23	2
1856	265	5,016	11	27	1	1
1857	205	4,346	12	74	13	1
1858	209	6,026	13	50	13	3
1859	...	...	...	...	...	...
1860	291	5,530	16	58	21	4
1861	259	7,268	11	50	18	28
1862	372	9,934	...	...	...	...
1863	374	8,943	17	47	15	...
1864	310	7,194	20¾	66	8	...
1865	467	11,301	25	92¾	6	...
1866	346	7,950	18¼	72¾	8	24
1867	218	6,462	16¼	65¾	12	...
1868	187	7,797	17	59	19	...
1869	205	7,718	17½	66¼	23	2
1870	222	8,321	15¾	80½	25	3
1871	224	8,398	15½	91¾	22	5
1872	283	7,452	17¼	82½	21	10
1873	287	7,126	18½	61¾	12	8

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The dimensions of the wards are as follows :—

—	Length.	Breadth.	Height.
	FEET.	FEET.	FEET.
Male Ward	76	21	16
Do. for special cases ...	33	11	11
Female Ward	48	21	16
Do. for special cases ...	21	11	11

There are several native practitioners in the town who sell native and also European medicines. The European medicines chiefly purchased by the natives are calomel, quinine, iodide of potassium, chlorodyne, peppermint, caustic, tinct. ferri, tinct. iodine, codliver oil, &c.

As a great number of lepers are to be seen in the town, a temporary hospital has been erected by the municipality for their accommodation.

During the past year 300 in-patients and 7,249 out-patients were treated at the Civil Dispensary, including 5 in-patients who dieted themselves. These figures represent a slight decrease compared with the number treated during the previous year, but which is accounted for by the absence of epidemics and the general healthiness of the climate during the period referred to.

The principal diseases were intermittent fever, rheumatism, dyspepsia, ulcers, and skin affections. Small-pox and measles prevailed to a slight extent during the year, but not in an epidemic form.

Vaccination is kept up in the town by two Municipal Vaccinators, who are now paid by the "successful result method." Inoculation is strictly prohibited by a recent order of Government.

Extract from Inspection Report by Deputy Surgeon-General W. J. VanSomeren, M.D., dated 19th December 1874.

A fine-looking, cleanly building, on an eminence, securing effective drainage. There was some litter in its front, to which I directed the attention of the medical officer, and desired that it should be collected and burnt.

There are two native latrines, entered respectively by two inlets and having ventilating apertures in their front and side walls, and provided with earth. They were both offensive to a slight degree, for the ventilation is somewhat defective, and though tar is used, it should be (as I pointed out) more largely employed, both on the walls and also on the ridges. Excreta are daily removed to a distance.

A good dead-house is attached, well ventilated and lofty, and well equipped. Its table was dirty, and the whole inside might have been cleaner at my visit.

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There are office, store-rooms, and surgery which do not demand special remark, and also a cook-room.

The water-supply is obtained from a well in the neighbourhood, and is filtered (a common country chatty filter is used). For medicinal purposes distilled water is used.

Principal Diseases.—Intermittent fever, chronic rheumatism, and cutaneous affections. There were 298 admissions into hospital and 27 deaths; but with the exception of *privatio*, many casualties did not occur under any one disease specially.

How supported.—By the Municipality and Maharajah of Vizianagram, by whom all requirements are liberally supplied.

Visitors' Book—General tenor of Remarks.—Generally favourable.

VYTHERY.

Extract from Annual Medical Report by Apothecary R. A. LEONARD.

Date of Establishment.—This dispensary was only opened on the 2nd February 1874, and for the two months ending 1st April 1875, the period embraced in this report, the station has been hot and oppressive, little or no rain having fallen; the sick list, as is usual in the Wynaad during this period, has been somewhat high.

Public health has not been very good as might have been expected at this period of the year. The prevailing diseases have been fevers, rheumatism, bronchial affections, and digestive system. Under these heads alone 487 cases were admitted as in and out patients, the other 94 cases being from other trifling diseases, making a total of 581 admissions with an average daily sick of 9¾ in and 58¼ out patients for the period embraced in this report.

Malarious fevers are more or less prevalent during the hot months, *viz.*, from February to May.

How supported.—The dispensary is supported by the Local Fund Board and Government.

YERCAUD.

Extract from Annual Medical Report by Apothecary H. M. OLIVER.

Date of Establishment.—This dispensary was established on the 23rd June 1872 by the Local Fund Board, Salem Collectorate, and is wholly supported by Local Funds; since its establishment the institution has been

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in medical charge of Apothecary H. M. Oliver. The following is a comparative statement of admissions, &c., from its establishment :—

Years.	Total Admissions.		Average Daily Sick.		Total Deaths.	
	In.	Out.	In.	Out.	In.	Out.
1872-73	26	636	1	$10\frac{1}{2}$	4	2
1873-74	57	1,332	$1\frac{1}{2}$	$13\frac{1}{4}$	5	3
1874-75	62	1,402	2	$14\frac{1}{2}$	8	2

Vaccination.—There is a special vaccinator (under the orders of the Superintendent at Salem) working on these hills more or less pressure is had resort to, as the natives do not sufficiently appreciate its virtues.

Among the in-patients treated, agues of a severe type formed the largest number of admissions ; they were chiefly cases of long standing complicated with hepatic and splenic affections, and frequently attended with extreme debility. Dysentery, chiefly in the chronic stage, formed the next in number. There were a few cases of the following diseases : general dropsy, hepatic affections, fractures, dislocations, wounds, and privation. Two cases of parturition were brought into hospital ; one required the use of instruments, and the other, being houseless and friendless, I was compelled to admit into hospital ; fortunately the ward was empty when these cases were admitted.

1,402 out-patients were under treatment, of which number 582 were agues of the quotidian and tertian types chiefly ; the other diseases treated were disorders of the digestive system, wounds, injuries, and four cases of parturition and affections connected with parturition.

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Madras. Trip	[illegible]
Vepe	195·2
	68·1
Civil Institutions.	...
	15·6
	...
	...
	53·7
Madanapall	36·4
Madura	61·0
Manargoody	54·9
Mangalore	54·7
Masulipatam	48·5
Munjeri	6·2
Mayaveram	...
Namkul	36·0
Nazareth	
Negapatam	76·5
Nellore	37·2
Do. Bran	...
Nundial	14·2
Nungunary	22·2
Ongole	...
Oossoor	...
Ootacamund	32·3
Palamcottah	22·9
Palcondah	...
Palliport La	30·7
Palmanair	51·5
Paryacolum	...
Palghaut	24·6
Paumben	18·7
Pennacondah	30·6
Pollachy	48·9
Ponnani	5·2
Prodatore	...
Pulney	7·2
Rajahmundry	41·3
Ramnad	30·6
Raneepett	30·7
Saint Thoma	24·0
Salem	67·7
Secunderaba	35·9
Seevagunga	48·1
Sheally	...
Sreerungum	21·6
Streevullipat	...
Sydapett	...
Tadpatry	32·7
Tellicherry	47·0
Tinnevelly	43·0
Tiruchooly	
Tranquebar	44·1
Do. E	...
Trichinopoly	54·2
Trinomalay	...
Tripathy	...
Tripatore	133·3
Tritrapoondi	100·0
Tuticorin	42·0
Udipy	50·0
Uppinangood	23·0
Uttamapolla	...
Vellore	31·0
Vinnucondah	...
Vizagapatam	38·6
Vithery	8·6
Yercaud	37·7
	47·7

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Total.						General Total.		
In-patients.			Out-patients.			In and Out Patients.		
	Females.	Percentages of Females to Males.	Males.	Females.	Percentages of Females to Males.	Males.	Females.	Percentages of Females to Males.
97	46	47·42	4,185	1,491	35·62	4,282	1,537	35·89
.	...	...	939	284	30·24	939	284	30·24
57	29	50·87	2,633	1,063	40·37	2,690	1,092	40·59
.	...	...	212	123	58·01	212	123	58·01
185	69	37·29	5,104	2,053	40·22	5,289	2,122	40·12
112	50	44·64	1,831	495	27·03	1,943	545	28·04
.	...	...	1,835	766	41·74	1,835	766	41·74
5	3	60·00	163	50	30·67	168	53	31·54
.	...	...	...	...	...	...	...	...
504	107	21·23	8,233	2,935	35·64	8,737	3,042	34·81
121	45	37·19	...	...	...	121	45	37·19
111	53	47·74	2,192	1,307	59·62	2,303	1,360	59·05
3	1	33·33	3,843	2,995	77·93	3,846	2,996	77·89
.	...	...	2,618	1,089	40·51	2,688	1,089	40·51
.	...	...	198	69	34·84	198	69	34·84
90	52	57·77	2,859	1,054	36·86	2,949	1,106	37·50
135	37	27·40	3,857	1,310	33·96	3,992	1,347	39·71
217	102	47·00	6,795	3,336	49·09	7,012	3,438	49·03
208	76	36·54	2,392	542	22·65	2,600	618	23·76
33	...	...	...	...	...	33	...	...
348	218	62·64	3,945	4,142	104·99	4,293	4,360	101·56
263	142	53·99	7,613	2,961	38·89	7,876	3,103	39·39
.	...	...	141	175	124·11	141	175	124·11
175	86	49·14	5,018	2,415	48·12	5,193	2,501	48·16
198	82	41·41	9,315	5,073	54·46	9,513	5,155	54·06
96	38	39·58	1,480	536	36·21	1,576	574	36·42
154	70	45·45	7,645	3,168	41·43	7,799	3,238	41·51
158	50	31·64	3,711	2,039	54·94	3,869	2,089	53·99
387	200	51·68	9,989	4,963	49·68	10,376	5,163	49·75
113	43	38·05	3,700	2,183	59·00	3,813	2,226	58·37
.	...	...	2,170	754	34·74	2,170	754	34·74
.	...	...	2,665	991	37·18	2,665	991	37·18
.	...	...	630	310	49·20	630	310	49·20
82	59	71·95	4,931	3,137	63·61	5,013	3,196	63·75
16	5	31·25	2,089	1,938	92·77	2,105	1,943	92·30
.	...	...	1,826	616	33·73	1,826	616	33.73
10	1	10·00	2,263	1,206	53·29	2,273	1,207	53·10
61	26	42·62	1,255	591	47·09	1,316	617	46·80
193	69	35·75	1,416	533	37·64	1,609	602	37·41
103	44	42·71	2,564	692	26·98	2,667	736	27·59
.	...	...	164	61	37·19	164	61	37·19
81	44	54·32	2,483	1,181	47·58	2,564	1,225	47·77
.	...	...	636	211	33·17	636	211	33·17
220	56	25·45	7,101	5,305	74·70	7,321	5,361	73·22
22	...	...	1,608	197	12·25	1,630	197	12·08
161	51	31·67	8,335	3,585	43·01	8,496	3,636	42·79
.	...	...	551	271	49·18	551	271	49·18
21	3	14·28	1,599	310	19·38	1,620	313	19·32
150	67	44·66	6,348	3,388	53·37	6,498	3,455	53·17
.	...	...	867	332	38·29	867	332	38·29
.	...	...	5,052	4,556	90·18	5,052	4,556	90·18
	...	...	12,351	7,464	60·43	12,351	7,464	60·43
	3	0·38	9,656	2,354	24·37	13,016	2,367	18·18
	[illegible]	1152·38	3,076	6,546	212·80	3,097	6,788	219·17
	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

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C.

Comparative Table of the Sick treated in the Civil Hospitals and Dispensaries, showing the Annual Average treated for ten Years, and that for 1873-74 *and* 1874-75, *as also the Increase and Decrease in* 1874-75.

Civil Hospitals and Dispensaries.		Annual Average treated from 1863 to 1872.	Treated in 1873-74.		Treated in 1874-75.		Increase over 1873-74.		Decrease under 1873-74.	
			Europeans.	Natives.	Europeans.	Natives.	Europeans.	Natives.	Europeans.	Natives.
Adonie	In-patients ...	55	...	128	2	146	2	18	...	...
	Out do. ...	2,618	75	4,343	61	5,663	...	1,320	14	...
Ahthoor...	In do. ...	...	...	...	...	...	...	...	...	...
	Out do. ...	...	...	...	25	1,198	25	1,198	...	...
Anantapur	In do. ...	24	...	82	...	90	...	8	...	...
	Out do. ...	752	21	3,095	34	3,662	13	567	...	...
Anjengo...	In do. ...	...	...	...	...	...	...	...	...	...
	Out do. ...	443	46	388	21	319	...	...	25	69
Bellary	In do. ...	197	18	187	16	252	...	65	2	...
	Out do. ...	5,194	56	5,607	94	7,103	38	1,496	...	5
Berhampore	In do. ...	186	14	164	18	159	...	...	1	32
	Out do. ...	2,001	39	2,335	47	2,308	8	...	...	...
Bezwarah	In do. ...	...	...	...	...	...	...	...	...	...
	Out do. ...	...	...	827	108	2,527	108	1,700	...	...
Bhowany	In do. ...	...	...	...	5	3	5	3	...	...
	Out do. ...	...	...	...	...	213	...	213	...	...
Bimlipatam	In do. ...	...	...	...	26	207	26	207	...	...
	Out do. ...	...	...	...	...	...	...	...	...	...
Calicut	In do. ...	355	19	352	13	616	...	264	6	...
	Out do. ...	5,432	1,645	6,421	2,191	9,048	546	2,627	...	...
Do. Leper and Small-pox Hospitals.	In do. ...	98	...	186	...	189	...	3	...	...
	Out do. ...	...	...	...	...	...	...	...	...	...
Cannanore	In do. ...	...	28	75	27	152	...	77	1	...
	Out do. ...	...	575	1,281	968	2,578	393	1,297	...	...
Caroor	In do. ...	...	...	1	...	4	...	3	...	...
	Out do. ...	837	...	2,737	14	6,859	14	4,122	...	...

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C—(*Continued*).

Comparative Table of the Sick treated in the Civil Hospitals and Dispensaries, showing the Annual Average treated, &c.

Civil Hospitals and Dispensaries.		Annual Average treated from 1863 to 1872.	Treated in 1873-74.		Treated in 1874-75.		Increase over 1873-74.		Decrease under 1873-74.	
			Europeans.	Natives.	Europeans.	Natives.	Europeans.	Natives.	Europeans.	Natives.
Chellumbrum	In-patients ...	...	...	...	...	...	...	...	...	...
	Out do. ...	2,030	6	3,995	8	3,799	2	...	...	196
Cheyralah	In do. ...	...	...	...	...	...	...	...	...	...
	Out do. ...	...	...	...	...	267	...	267	...	...
Chicacole	In do. ...	157	1	99	4	143	3	44	...	...
	Out do. ...	3,551	57	3,609	85	3,929	28	320	...	...
Chingleput	In do. ...	102	6	135	14	164	8	29	...	...
	Out do. ...	4,881	35	5,396	56	5,126	21	...	...	270
Chittoor	In do. ...	224	1	378	...	341	...	...	1	37
	Out do. ...	7,205	100	8,399	166	10,049	66	1,650	...	...
Cocanada	In do. ...	183	7	212	13	284	6	72	...	...
	Out do. ...	2,459	262	2,434	344	2,625	82	191	...	...
Do. Seamen's Hospital ...	In do. ...	43	41	...	31	2	...	2	10	...
	Out do. ...	...	...	...	...	...	...	...	...	...
Cochin	In do. ...	529	21	397	15	580	...	183	6	...
	Out do. ...	6,987	1,274	6,411	1,639	6,639	365	228	...	...
Coimbatore	In do. ...	158	21	300	60	355	39	55	...	...
	Out do. ...	5,861	799	8,351	1,109	9,498	310	1,147	...	...
Collegal	In do. ...	...	...	...	...	...	...	...	...	...
	Out do. ...	...	36	16	98	218	62	202	...	...
Combacanum	In do. ...	209	2	242	6	272	4	30	...	...
	Out do. ...	3,915	58	7,132	46	7,524	...	392	12	...
Conjeeveram	In do. ...	89	1	288	4	293	3	5	...	...
	Out do. ...	4,861	4	14,219	5	14,469	1	250	...	...
Coonoor	In do. ...	177	6	116	15	120	9	4	...	...
	Out do. ...	1,578	146	1,385	158	1,877	12	492	...	...

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Cuddalore	In do. ...	260	2	294	5	233	3	...	...	61
	Out do. ...	12,753	785	7,619	1,195	9,636	410	2,017	...	...
Do. Old Town	In do. ...	112	4	194	18	199	14	5	...	...
	Out do. ...	6,861	656	4,631	576	5,222	...	591	80	...
Cuddapah	In do. ...	389	1	560	3	605	2	45	...	...
	Out do. ...	7,001	384	9,690	748	14,280	364	4,590	...	...
Cumbum	In do. ...	25	...	118	...	166	...	48	...	...
	Out do. ...	2,405	22	2,650	100	5,820	78	3,170	...	...
Darampoory	In do. ...	...	...	...	...	...	...	...	...	...
	Out do. ...	...	...	...	...	2,924	...	2,924	...	...
Darapoorum	In do. ...	...	...	...	...	...	...	...	...	...
	Out do. ...	529	...	2,505	5	3,664	5	1,159	...	...
Datchapully	In do. ...	...	...	...	...	...	...	...	...	...
	Out do. ...	...	...	...	...	940	...	940	...	...
Dindigul	In do. ...	68	14	108	8	135	...	27	6	...
	Out do. ...	4,750	238	6,909	179	7,957	...	1,048	54	...
Edyangoody	In do. ...	25	...	22	...	21	...	...	...	1
	Out do. ...	2,055	...	4,023	...	4,062	...	39	...	...
Ellore	In do. ...	...	...	...	...	...	...	...	...	...
	Out do. ...	...	35	867	127	2,369	92	1,502	...	...
Erode	In do. ...	...	...	...	...	11	...	11	...	...
	Out do. ...	...	...	1,256	...	3,507	...	2,251	...	...
Ghooty	In do. ...	104	4	74	2	87	...	13	2	...
	Out do. ...	1,317	51	1,325	83	1,795	32	470	...	...
Goodalore	In do. ...	216	15	131	27	241	12	110	...	...
	Out do. ...	3,475	339	1,471	278	1,700	...	229	61	...
Guntoor...	In do. ...	97	...	190	2	161	2	...	...	29
	Out do. ...	2,227	...	2,462	7	3,279	7	817	...	...
Herpunhully	In do. ...	...	...	...	...	2	...	2	...	...
	Out do. ...	...	...	...	7	218	7	218	...	...
Hospett	In do. ...	53	...	76	...	139	...	63	...	...
	Out do. ...	1,473	3	3,304	...	3,702	...	398	3	...
Kadiri	In do. ...	...	...	...	...	...	...	...	...	...
	Out do. ...	...	...	...	22	855	22	855	...	...
Kamptee	In do. ...	269	3	221	2	286	...	65	1	...
	Out do. ...	6,318	69	10,111	74	12,533	5	2,422	...	...
Kassergode	In do. ...	...	...	2	...	22	...	20	...	...
	Out do. ...	...	...	477	...	1,815	...	1,338	...	...

C—(*Continued*).

Comparative Table of the Sick treated in the Civil Hospitals and Dispensaries, showing the Annual Average treated, &c.

Civil Hospitals and Dispensaries.		Annual Average treated from 1863 to 1872.	Treated in 1873-74.		Treated in 1874-75.		Increase over 1873-74.		Decrease under 1874-75.	
			Europeans.	Natives.	Europeans.	Natives.	Europeans.	Natives.	Europeans.	Natives.
Kimedy	In-patients ...	89	...	206	...	228	...	22	...	...
	Out do. ...	4,079	9	8,470	3	11,984	...	3,514	6	...
Kodikanal	In do. ...	...	...	...	...	...	...	...	...	...
	Out do. ...	...	...	128	46	786	46	658	...	...
Kondapore	In do. ...	...	...	...	...	24	...	24	...	...
	Out do. ...	...	...	602	21	1,903	21	1,301	...	...
Kurnool	In do. ...	152	3	194	3	225	...	31	...	...
	Out do. ...	9,620	561	8,394	426	9,422	...	1,028	135	...
Kotagherry	In do. ...	...	...	...	...	...	...	...	...	...
	Out do. ...	1,684	89	1,028	127	1,092	38	64	...	...
Madras. Black Town, North Side ...	In do. ...	...	...	...	...	...	...	...	...	...
	Out do. ...	7,725	1,956	7,189	2,199	7,444	243	225	...	...
Do. and Royapooram Mission.	In do. ...	...	...	...	...	...	...	...	...	...
	Out do. ...	12,119	1,554	16,266	2,403	17,412	849	1,146	...	...
General Hospital	In do. ...	2,625	1,130	1,656	1,473	2,053	343	397	...	...
	Out do. ...	5,542	2,508	8,847	2,639	9,443	131	596	...	...
Lying-in Hospital Dispensary.	In do. ...	176	138	149	126	146	...	...	12	3
	Out do. ...	8,736	3,704	7,239	3,033	6,748	...	...	671	491
Triplicane	In do. ...	513	51	720	75	850	24	130	...	...
	Out do. ...	15,610	1,146	18,242	1,196	19,477	50	1,235	...	...
Vepery	In do. ...	581	574	463	471	531	...	68	103	...
	Out do. ...	5,900	2,075	4,668	2,155	6,986	80	2,328	...	...
Institutions. Eye Infirmary ...	In do. ...	263	51	273	56	354	5	81	...	...
	Out do. ...	1,948	391	1,864	418	2,252	27	388	...	...
Female Asylum ...	In do. ...	332	108	...	241	...	133	...	...	...
	Out do. ...	140	...	...	...	...	...	...	...	...

Civil Insti-	Leper Hospital ...	In do. ...	209	40	242	46	270	6	28	...	...
		Out do. ...	...	...	...	5	22	5	22	...	...
	Lying-in Hospital Midwifery Cases.	In do. ...	1,430	156	1,117	125	1,105	...	...	31	12
		Out do. ...	...	...	...	...	...	...	...	...	...
	Male Asylum... ...	In do. ...	248	150	...	121	...	...	...	29	...
		Out do. ...	...	...	...	...	...	...	...	...	...
	Native Infirmary ...	In do. ...	1,556	...	1,953	...	2,031	...	78	...	...
		Out do. ...	...	...	...	...	...	...	...	...	...
Madanapully		In do. ...	210	...	450	...	490	...	40	...	...
		Out do. ...	4,620	...	7,473	...	8,563	...	1,090	...	...
Madura...		In do. ...	331	4	284	3	331	...	47	1	...
		Out do. ...	9,911	82	11,100	96	18,061	14	6,931	...	...
Manargoody		In do. ...	268	...	337	15	265	15	...	...	72
		Out do. ...	9,104	101	13,042	64	9,314	...	...	37	3,728
Mangalore		In do. ...	195	5	189	1	212	...	23	4	...
		Out do. ...	3,025	266	6,670	311	6,809	45	139	...	...
Masulipatam		In do. ...	93	1	88	5	168	4	75	...	...
		Out do. ...	2,975	68	4,051	85	6,837	17	2,786	...	...
Munjeri...		In do. ...	260	...	326	2	696	2	370	...	...
		Out do. ...	1,542	...	3,130	35	4,175	35	1,045	...	...
Mayavaram		In do. ...	...	...	...	...	...	...	...	...	...
		Out do. ...	2,213	...	2,614	...	2,260	...	...	...	354
Namkul...		In do. ...	42	...	40	...	45	...	5	...	...
		Out do. ...	2,441	...	3,291	...	2,527	...	...	...	764
Nazareth		In do. ...	...	...	...	No Return received.					
		Out do. ...	...	...	...						
Negapatam		In do. ...	154	28	124	11	168	...	44	17	...
		Out do. ...	4,419	323	4,835	572	7,240	249	2,905	...	...
Nellore		In do. ...	348	2	319	2	351	...	32	...	...
		Out do. ...	4,0[illegible]8	...	4,274	10	4,032	10	...	...	242
Do. Branch		In do. ...	...	...	...	...	...	...	...	...	...
		Out do. ...	5,029	48	6,535	44	6,478	...	...	4	47
Nundial...		In do. ...	23	...	26	...	46	...	20	...	...
		Out do. ...	3,187	13	4,158	38	5,230	25	1,072	...	...
Nungunary		In do. ...	...	...	34	...	61	...	27	...	...
		Out do. ...	...	...	1,381	...	3,041	...	1,660	...	...
Ongole		In do. ...	...	...	...	...	...	...	...	...	...
		Out do. ...	1,638	...	3,583	...	3,093	...	...	...	490

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C—(*Continued*).

Comparative Table of the Sick treated in the Civil Hospitals and Dispensaries, showing the Annual Average treated, &c.

Civil Hospitals and Dispensaries.		Annual Average treated from 1863 to 1872.	Treated in 1873-74.		Treated in 1874-75.		Increase over 1873-74.		Decrease under 1874-75.	
			Europeans.	Natives.	Europeans.	Natives.	Europeans.	Natives.	Europeans.	Natives.
Oossoor	In-patients ...	...	...	...	...	...	...	...	...	...
	Out do. ...	...	...	...	37	8,382	37	8,382	...	...
Ootacamund	In do. ...	280	21	286	48	270	27	...	...	16
	Out do. ...	4,544	312	5,072	294	6,754	...	1,682	18	...
Palamcottah	In do. ...	306	6	308	6	508	...	200	...	...
	Out do. ...	2,056	106	5,218	56	6,369	...	1,151	50	...
Paloondah	In do. ...	8	...	...	...	...	...	...	...	...
	Out do. ...	2,028	70	2,720	44	2,696	...	...	26	24
Palliport Lazaretto	In do. ...	43	...	49	...	45	...	...	...	4
	Out do. ...	...	...	...	...	...	...	...	...	...
Palmanair	In do. ...	...	...	70	...	317	...	247	...	...
	Out do. ...	...	4	851	32	5,774	28	4,923	...	...
Parycolum	In do. ...	...	...	...	...	...	...	...	...	...
	Out do. ...	2,028	...	3,980	8	4,871	8	891	...	...
Palghaut	In do. ...	134	1	219	2	210	1	...	...	9
	Out do. ...	1,827	118	2,528	72	2,298	...	...	41	230
Paumben	In do. ...	3	...	17	...	43	...	26	...	...
	Out do. ...	1,001	117	2,481	46	2,680	...	199	71	...
Pennacondah	In do. ...	...	...	27	1	91	1	64	...	...
	Out do. ...	...	6	4,150	41	3,895	35	...	...	255
Pollachy	In do. ...	258	...	308	...	319	...	11	...	...
	Out do. ...	3,488	42	4,917	43	5,251	1	334	...	...
Ponany	In do. ...	114	2	210	1	240	...	30	1	...
	Out do. ...	1,695	2	2,029	20	2,366	18	337	...	...
Prodatore	In do. ...	...	...	...	...	...	...	...	...	...
	Out do. ...	...	1	2,906	3	4,782	2	1,876	...	...

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Pulney	In do. ...	...	...	65	...	80	...	15	...	...
	Out do. ...	...	...	3,252	...	3,071	...	...	...	181
Rajahmundry	In do. ...	208	1	228	2	236	1	8	...	...
	Out do. ...	8,683	21	3,861	26	4,103	5	242	...	...
Ramnad...	In do. ...	294	1	310	...	365	...	55	1	...
	Out do ...	5,582	24	8,898	1	10,782	...	1,884	23	...
Raneepett	In do. ...	384	1	321	...	343	...	22	1	...
	Out do. ...	8,883	166	6,065	277	5,884	111	...	...	181
Saint Thomas' Mount...	In do. ...	...	3	23	4	72	1	49	...	...
	Out do. ...	...	815	1,927	1,517	2,077	702	150	...	...
Salem	In do. ...	187	2	264	12	234	10	...	...	30
	Out do. ...	4,872	265	7,406	406	9,503	141	2,097	...	...
Secunderabad	In do. ...	286	56	185	55	187	...	2	1	...
	Out do. ...	3,660	318	5,756	575	7,450	257	1,694	...	...
Sevagunga	In do. ...	...	...	47	1	120	1	73	...	...
	Out do. ...	3,908	...	5,509	7	6,196	7	687	...	...
Sheally	In do. ...	...	...	...	...	...	...	...	...	...
	Out do. ...	2,524	8	3,251	6	11,779	3	...	...	1,472
Sreerungum	In do. ...	...	...	5	...	178	...	173	...	...
	Out do. ...	...	...	10,168	5	11,599	5	1,431	...	...
Streevullipatoor ...	In do. ...	...	...	...	...	...	...	...	...	...
	Out do. ...	770	6	1,533	2	1,317	...	...	4	216
Sydapett	In do. ...	...	...	...	...	...	...	...	...	...
	Out do. ...	5,168	90	7,380	167	6,633	77	...	...	747
Tadpatry	In do. ...	...	...	...	...	80	...	80	...	...
	Out do. ...	8,346	25	1,600	45	3,852	20	2,252	...	...
Tellicherry	In do. ...	134	10	183	7	187	...	4	3	...
	Out do. ...	2,914	354	2,138	479	3,098	125	960	...	...
Tinnevelly	In do. ...	143	...	124	...	147	...	23	...	...
	Out do. ...	3,254	49	5,732	36	5,468	...	...	13	264
Tiruchooly	In do. ...	...	...	...	No Return received.		...	...	...	...
	Out do. ...	...	...	...			...	...	...	...
Tranquebar	In do. ...	210	2	202	9	227	7	25	...	...
	Out do. ...	3,364	10	2,582	8	2,938	...	...	2	644
Do. Branch	In do. ...	...	...	...	...	...	...	...	...	...
	Out do. ...	...	183	1,099	200	1,608	17	509	...	...
Trichinopoly	In do. ...	225	34	248	24	400	...	52	10	...
	Out do. ...	8,403	614	8,606	731	117	117	8,525	...	...

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C—(*Continued*).

Comparative Table of the Sick treated in the Civil Hospitals and Dispensaries, showing the Annual Average treated, &c.

Civil Hospitals and Dispensaries.		Annual Average treated from 1863 to 1872.	Treated in 1873-74.		Treated in 1874-75.		Increase over 1873-74.		Decrease under 1874-75.	
			Europeans.	Natives.	Europeans.	Natives.	Europeans.	Natives.	Europeans.	Natives.
Trinomalay	In-patients ...	...	...	...	...	...	...	...	...	...
	Out do. ...	...	...	...	...	3,139	...	3,139	...	...
Tripathy	In do. ...	...	...	...	...	7	...	7	...	...
	Out do. ...	1,970	...	4,827	12	5,125	12	298	...	...
Tripatoor	In do. ...	...	...	...	...	7	...	7	...	...
	Out do. ...	2,110	...	4,315	...	4,405	...	90	...	...
Tritrapundi	In do. ...	...	...	...	...	2	...	2	...	...
	Out do. ...	2,188	...	3,163	9	7,577	9	4,414	...	...
Tuticorin	In do. ...	3	1	68	7	178	6	110	...	...
	Out do. ...	1,781	184	8,596	135	10,035	...	1,439	49	...
Udipy	In do. ...	...	...	...	...	6	...	6	...	...
	Out do. ...	872	...	944	...	1,794	...	850	...	...
Uppinangoody	In do. ...	...	...	7	...	17	...	10	...	...
	Out do. ...	662	...	1,658	...	1,014	...	...	...	644
Uttamapollayum	In do. ...	...	...	...	...	3	...	3	...	...
	Out do. ...	...	...	1,884	...	2,487	...	602	...	...
Vellore	In do. ...	239	10	507	29	802	19	295	...	...
	Out do. ...	5,552	242	5,013	326	6,931	84	1,918	...	...
Vinnukondah	In do. ...	...	...	...	...	...	...	...	...	...
	Out do. ...	...	...	...	...	564	...	564	...	...
Virdachellum	In do. ...	...	...	...	...	...	...	...	...	...
	Out do. ...	...	...	...	...	...	...	...	...	...
Vizagapatam	In do. ...	299	17	297	25	275	8	...	...	22
	Out do. ...	8,286	575	6,908	524	6,725	...	...	51	183
Vythery...	In do. ...	...	...	...	...	66	...	66	...	...
	Out do. ...	...	...	...	20	515	20	515	...	...

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Yercaud ... ... In do. ...	11	...	57	...	64	...	7	...	...
Out do. ...	466	...	1,331	173	1,238	173	...	...	98
Total ... In do. ...	18,221	2,838	19,257	3,340	23,651	752	4,695	250	301
Out do. ...	336,891	27,422	469,494	32,987	588,552	7,015	130,880	1,450	11,822
Grand Total ...	355,112	30,260	488,751	36,327	612,103	7,767	135,575	1,700	12,123
Net Increase ...						6,067	123,452		
Total Net Increase ...						129,519			

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D.

Statement showing the Treated and Deaths from Cholera in the under-mentioned Civil Hospitals and Dispensaries of the Madras Presidency during the Year 1874-75.

Civil Hospitals and Dispensaries.	Europeans.				Natives.			
	In-patients.		Out-patients.		In-patients.		Out-patients.	
	Treated.	Died.	Treated.	Died.	Treated.	Died.	Treated.	Died.
Berhampore	...	...	...	...	2	1	3	...
Cochin	...	...	...	...	1	1	...	...
Combaconum...	...	...	...	...	1	1	...	...
General Hospital	1	...	...	...	1	...	...	..
Native Infirmary	...	...	...	...	2	...	...	...
Negapatam	...	...	...	...	2	1	...	...
Sreerungum	...	...	...	...	2	...	...	...
Streevullipattore	...	...	...	...	...	...	4	...
Uppinangoody	...	...	...	...	1	...	...	...
Total ...	1	...	...	...	12	4	7	...

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E.

Table showing Summary of the Diseases of In and Out Patients treated in the Civil Hospitals and Dispensaries in the Madras Presidency for the Official Year 1874-75.

Sub-Division	Order and Distinguishing Number.	Names of Diseases.	Europeans. In-patients. Treated.	Europeans. In-patients. Died.	Europeans. Out-patients. Treated.	Natives. In-patients. Treated.	Natives. In-patients. Died.	Natives. Out-patients. Treated.
		GENERAL DISEASES.						
Sub-Division A.	1	Small-pox	17	2	24	189	54	40
	3	Chicken-pox	27	...	16	36	...	30
	4	Measles	72	...	34	34	2	41
	6	Dengue	...	...	...	...	...	1
	7	Typhus fever...	1	...	...	1	1	1
	9	Enteric do....	13	3	1	8	5	6
	10	Relapsing do....	...	...	1	...	...	...
	11	Simple continued fever ...	16	3	517	88	8	4,858
	12	Febricula	112	...	1,753	260	4	11,494
	15	Ague	255	2	2,605	1,923	44	63,498
	16	Remittent fever	33	4	51	119	21	882
	17	Simple cholera	1	...	...	6	1	4
	18	Malignant cholera	...	...	...	3	1	...
	18a	Choleraic diarrhœa	...	...	...	3	2	3
	19	Diphtheria	...	...	...	3	1	1
	20	Hooping-cough	14	1	172	3	...	653
	21	Mumps	1	...	27	4	...	354
	22	Influenza	100	...	62	...	...	655
	27	Phagedæna	...	...	...	2	2	3
	28	Sloughing phagedæna ...	...	...	...	11	5	20
	29	Hospital gangrene	...	...	...	2	...	2
	30	Erysipelas	18	1	26	49	9	244
	31	Pyæmia	3	2	...	2	1	...
	32	Puerperal fever	1	...	...	14	6	27
	33	Puerperal ephemera	...	...	1	1	...	3
		Total ...	684	18	5,290	2,761	167	82,820
Sub-Division B.	34	Acute rheumatism	17	...	66	158	4	2,666
	35	Gonorrhœal do.	3	...	5	49	...	284
	36	Synovial do.	...	...	...	...	...	9
	37	Muscular do.	20	...	430	95	7	7,404
	38	Chronic do.	65	...	674	727	4	22,611
	39 & 40	Gout	...	...	1	...	...	28
	42	Arthritis	...	...	1	12	...	79
	43a	Primary syphilis	26	...	71	671	10	3,762
	43b	Secondary do.	50	1	89	74[illegible]	14	4,359
	43c	Hereditary do.	5	...	14	70	...	177
	44	Cancer	11	...	6	175	11	568
	45	Non-malignant tumours ...	2	...	17	74	3	753
	46	Lupus...	...	...	...	21	1	40
	47	Rodent ulcer	...	...	...	1	1	6
	48	Leprosy	49	4	24	769	97	1,489
	49	Scrofula	9	1	42	135	1	1,711
	49i	Phthisis pulmonalis	51	11	83	304	72	697
	49i	Tabes mesenterica	2	1	3	...	...	46

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E—(*Continued*).

Table showing Summary of the Diseases of In and Out Patients treated, &c.

	Order and Distinguishing Number.	Names of Diseases.	Europeans. In-patients. Treated.	Europeans. In-patients. Died.	Europeans. Out-patients. Treated.	Natives. In-patients. Treated.	Natives. In-patients. Died.	Natives. Out-patients. Treated.
		GENERAL DISEASES—(*Contd.*)						
Sub-Divn. B—(*Contd.*)	49*i*	Other local scrofulous affections	...	...	...	11	1	28
	50	Rickets	...	...	1	3	...	23
	51	Cretinism	...	...	...	...	...	1
	52	Diabetes	8	1	5	43	2	389
	53	Purpura	1	...	2	2	...	10
	54	Scurvy	3	...	4	2	1	57
	55	Anæmia	20	1	325	478	37	4,279
	56	Chlorosis	...	...	1	7	1	26
	57	General dropsy	8	2	46	801	217	2,502
	58	Beri-beri	...	...	1	13	2	141
		Total ...	350	22	1,911	5,303	486	54,145
		Total General Diseases ...	1,034	40	7,201	8,064	653	136,965
		LOCAL DISEASES.						
Nervous System.	59	Encephalitis	...	...	...	6	1	85
	60	Meningitis	...	...	...	1	...	...
	68	Softening of the brain ...	...	...	...	1	1	...
	65	Apoplexy	1	...	1	14	11	8
	66	Sunstroke	8	1	5	5	1	4
	67	Hydrocephalis	...	...	...	3	...	15
	70	White softening of the brain.	...	...	...	1	...	3
	74	Fatty degeneration	4	...	...	...	...	...
	75	Inflammation of the spinal cord...	...	...	...	2	1	2
	80*a*	Spina bifida	2	...	...	...	...	2
	82	Atrophy of the nerves ...	...	...	...	1	...	2
	83	Neuroma	...	...	...	...	...	6
	84	Paralysis	6	...	24	119	9	795
	85	Hemiplegia	8	...	9	57	12	163
	86	Paraplegia	4	1	...	32	4	110
	87	Locomotor ataxy	2	...	...	2	...	4
	88	Infantile paralysis	2	...	4	4	4	15
	89	Local do.	...	...	1	10	1	143
	90	Tetanus	2	2	3	60	28	108
	91	Hydrophobia	1	1	...	3	3	5
	92	Infantile convulsions ...	2	...	11	4	1	46
	93	Epilepsy	20	1	35	68	7	683
	94	Convulsions	1	...	2	6	2	76
	95	Spasm of muscle	...	...	...	2	...	28
	96	Laryngismus stridulus ...	...	...	...	7	1	12
	97	Shaking palsy	...	...	1	...	...	...
	98	Chorea...	1	...	...	11	1	45
	99	Hysteria	5	...	44	7	...	211
	101	Neuralgia	16	...	452	68	...	10,138

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E—(*Continued*).

Table showing Summary of the Diseases of In and Out Patients treated, &c.

Order and Distinguishing Number.		Names of Diseases.	Europeans. In-patients. Treated.	Europeans. In-patients. Died.	Europeans. Out-patients. Treated.	Natives. In-patients. Treated.	Natives. In-patients. Died.	Natives. Out-patients. Treated.
		Local Diseases—(*Contd.*)						
Nervous System—(*Contd.*)	102	Hyperæsthesia	...	...	...	1	...	12
	103	Anæsthesia	...	...	2	...	...	168
	104	Hypochondriasis	...	...	...	...	...	12
	105	Mania	2	...	...	32	2	127
	106	Melancholia	1	...	...	1	...	6
	107	Dementia	3	...	...	51	...	89
	108	Paralysis of the insane ...	...	...	...	1	...	...
	109	Idiotcy	1	...	...	1	...	3
	110	Imbecility	...	...	...	2	...	5
		Total ...	92	6	594	583	90	13,131
Diseases of the Eye.	111	Conjunctivitis	6	...	361	37	1	26,942
	112	Catarrhal ophthalmia ...	9	...	62	13	...	1,932
	113	Pustular do. ...	2	...	20	4	...	141
	114	Purulent do. ...	...	...	...	4	...	48
	115	Ophthalmia neonatorum ...	...	...	5	5	...	20
	117	Gonorrhœal ophthalmia ...	...	...	...	3	...	28
	118	Chronic do. ...	13	...	39	18	...	293
	119	Chemosis	...	...	4	...	...	33
	121	Pterygium	2	...	13	7	...	134
	122	Fatty tumour	...	...	...	1	...	2
	125	Keratitis	3	...	9	21	...	259
	127	Keratitis with suppuration ...	...	...	4	19	...	59
	128	Ulcer of cornea	2	...	9	26	1	281
	129	Opacity do. ...	2	...	24	18	...	386
	130	Conical cornea	...	...	1	...	...	...
	131	Arcus senilis	...	...	...	...	...	9
	132	Staphyloma	1	...	6	14	...	76
	134	Sclerotitis	1	...	5	2	...	13
	135	Staphyloma	...	..	1	5	...	19
	136	Iritis	5	...	3	15	...	209
	138	Rheumatic iritis	...	...	...	...	...	1
	141	Sequelæ of iritis	...	...	...	19	...	32
	143	Choroiditis	...	...	...	2	...	13
	144	Retinitis	...	...	1	...	...	6
	146	Amaurosis	...	...	1	15	...	107
	147	Impaired vision	1	...	49	9	...	153
	152	Cataract	12	...	21	164	...	794
	154[a]	Congenital cataract	...	...	...	2	...	1
	155	Traumatic cataract	1	...	3	1	...	4
	156	Glaucoma	...	...	4	20	...	82
	157	Hydrophthalmia	...	...	...	...	...	3
	158	Total disorganization of eye.	1	...	7	13	...	52
	159	Short-sight	...	...	5	...	...	15
	160	Long-sight	...	...	1	...	...	1
	161	Color blindness	...	...	...	...	...	2
	162	Hemeralopia	1	...	2	2	...	70

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E—(*Continued*).

Table showing Summary of the Diseases of In and Out Patients treated, &c.

Order and Distinguishing Number.		Names of Diseases.	Europeans. In-patients. Treated.	Europeans. In-patients. Died.	Europeans. Out patients. Treated.	Natives. In-patients. Treated.	Natives. In-patients. Died.	Natives. Out-patients. Treated.
		LOCAL DISEASES—(*Contd*).						
Diseases of the Eye—(*Contd.*)	163	Nyctalopia	...	...	...	1	...	60
	164	Astigimatism	...	...	...	...	...	1
	165	Lachrymal obstruction ...	...	...	10	5	...	133
	166	Abscess and fistula ...	...	...	1	4	...	135
	168	Diseases of lachrymal gland.	...	...	...	...	...	10
	169	Inflammation of the eyelids.	...	...	3	1	...	90
	170	Hordeolum	...	...	8	...	...	120
	171	Abscess of lid	...	...	2	2	...	16
	173	Entropium	1	...	1	1	...	20
	174	Ectropium	...	...	1	2	...	3
	175	Trichiasis	...	...	1	...	...	51
	176	Madarosis	...	...	...	...	...	18
	177	Tarsal ophthalmia	...	...	22	2	...	747
	178	Blepharospasmus	...	...	1	...	...	2
	179	Cyst of the lids	...	...	5	...	...	31
	180	Abscess in the orbit	...	...	...	...	...	1
	181	Strabismus	3	...	5	...	...	1
	182	Proptosis	...	...	...	1	...	1
	185	Affections of the orbital nerves	1	...	3	4	...	23
		Total ...	69	...	723	482	2	33,683
Diseases of the Ear.	188	Tumour	...	...	...	...	...	4
	190	Inflammation external meatus.	1	...	206	10	...	7,330
	191	Abscess do. ...	...	...	48	2	...	1,055
	192	Accumulation of wax ...	...	...	1	...	...	359
	193	Polypus	...	...	...	1	...	16
	196	Inflammation membrana tympani...	2	...	272	10	...	15,599
	197	Ulceration do. ...	...	...	9	1	...	545
	198	Perforation do. ...	...	...	...	...	...	5
	204	Necrosis of the petrous bone.	...	...	...	...	...	1
	205	Deafness	...	...	5	4	...	995
		Total ...	3	...	541	28	...	25,909
Diseases of the Nose.	207	Wart	...	...	...	...	...	4
	209	Ozæna	...	...	13	6	...	515
	210	Ulceration of the petuitary membrane...	...	...	...	2	1	81
	211	Abscess of the septum ...	...	...	...	...	...	1
	212	Perforation do. ...	...	...	...	...	...	1
	213	Epistaxis	...	...	6	4	...	239
	214	Hypertrophy of the pituitary membrane	...	...	...	...	...	22
	215	Polypus nasi	...	...	7	5	...	304
		Total ...	...	...	26	17	1	1,167

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E—(*Continued*).

Table showing Summary of the Diseases of In and Out Patients treated, &c.

Order and Distinguishing Number.		Names of Diseases.	Europeans. In-patients. Treated.	Europeans. In-patients. Died.	Europeans. Out-patients. Treated.	Natives. In-patients. Treated.	Natives. In-patients. Died.	Natives. Out-patients. Treated.
		LOCAL DISEASES—(*Contd.*)						
Circulatory System.	219	Pericarditis	2	...	1	7	5	28
	222	Dropsy of the heart ...	...	...	...	...	...	4
	224	Endocarditis	...	...	...	...	...	...
	225	Valve disease of the heart ...	18	2	13	51	12	116
	227	Myocarditis	...	...	1	...	...	6
	229	Hypertrophy of the heart ...	4	...	...	4	...	3
	230	Dilatation of the heart ...	...	...	...	...	...	1
	242	Anginapectoris	...	...	4	...	...	24
	243	Syncope	...	...	...	...	...	7
	244	Palpitation and irregularity of the action of the heart.	13	...	44	2	...	131
	248	Thrombosis	...	...	3	...	...	...
	249	Dilatation of aorta	...	...	...	...	...	1
	250	Aneurism	4	1	...	7	1	19
	251	Rupture of artery	...	...	...	2	...	1
	260	Phlebitis	...	...	1	6	3	16
	261	Phlegmasia dolens	...	...	2	...	...	34
	266	Varicose veins	...	...	1	1	...	19
	267	Nåevus vasculois	...	...	...	2	...	8
		Total ...	41	3	70	82	21	419
Absorbent System.	269	Inflammation of lymphatics...	3	...	7	3	...	15
	270	Suppuration of do. ...	...	...	...	...	...	29
	271	Inflammation of glands ...	3	...	87	7	...	1,183
	272	Suppuration of do.	...	...	..	2	...	12
	273	Hypertrophy of do. ...	4	...	24	6	...	259
	278	Bursting of lymphatics ...	...	...	...	...	...	1
		Total ...	10	...	118	18	...	1,499
Ductless Glands.	280	Goitre	...	...	...	2	...	33
		Total ...	...	...	...	2	...	33
Respiratory System.	288	Croup	1	...	2	...	...	25
	289	Coryza...	...	...	110	1	...	1,278
	292	Catarrh	...	...	95	...	...	118
	293	Laryngitis	...	...	...	6	1	22
	298	Contraction of larynx ...	...	...	...	1	...	...
	300	Polypus of do. ...	...	...	...	...	...	1
	302	Aphonia	...	...	...	...	...	7
	305	Bronchial catarrh	76	...	1,697	12	1	3,650
	306	Bronchitis	65	1	1,916	276	11	13,161
	314	Asthma	32	...	248	162	3	2,857
	315	Pneumonia	19	5	20	115	36	260
	318	Hæmoptysis	9	3	17	19	1	144
	319	Pulmonary extravasation ...	...	...	...	1	1	1

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E—(*Continued*).

Table showing Summary of the Diseases of In and Out Patients treated, &c.

Order and Distinguishing Number.	Names of Diseases.	Europeans. In-patients. Treated.	Europeans. In-patients. Died.	Europeans. Out-patients. Treated.	Natives. In-patients. Treated.	Natives. In-patients. Died.	Natives. Out-patients. Treated.
	Local Diseases—(*Contd.*)						
	Respiratory System.—(Contd.)						
322	Emphysema	...	...	...	1	...	2
323	Atelectasis	...	...	...	...	...	1
325, 326	Pneumonia	1	1	...	4	1	51
331, 332	Pleurisy	6	...	20	22	...	116
335	Hydrothorax	...	...	...	1	...	1
	Total ...	209	10	4,125	621	55	21,695
	Digestive System.						
344	Ulcer of lip	...	...	...	...	...	8
345	Fissures	...	...	...	...	...	17
347*a*	Harelip	...	...	...	3	...	2
348	Stomatitis	2	...	9	2	...	212
349	Ulcerative stomatitis ...	...	...	1	1	...	53
350	Thrush	4	1	102	9	...	1,106
353	Cancrumoris	...	...	1	8	...	37
354	Cyst of the cheek	...	...	...	...	2	3
355	Ranula	...	...	...	1	...	15
357	Adhesion of jaws	...	...	...	...	...	22
358	Abscess of the antrum ...	...	...	1	...	...	...
359	Fibrous tumour	...	...	...	2	...	34
361	Osseous do.	...	...	...	...	...	3
364	Cyst	...	...	...	...	...	1
365	Teething	8	1	106	1	...	200
366	Caries of the dental tissue ...	...	...	92	3	...	1,845
367	Necrosis	...	...	7	...	...	125
369	Absorption	...	...	...	...	...	76
370	Irritation of the dental pulp .	...	...	7	...	...	61
371	Inflammation do. ...	...	...	8	1	...	271
376	Inflammation of the dental periosteum	...	...	...	...	...	1
377	Gum boil	1	...	43	3	...	661
380	Inflammation of the gums ...	1	...	7	...	...	226
381	Ulceration do. ...	...	...	3	...	...	138
382	Hypertrophy do. ...	...	...	...	...	...	2
386	Epulis	...	...	...	...	...	12
387	Inflammation of the alveoli ...	...	...	6	1	...	64
388	Necrosis do. ...	...	...	...	...	...	15
389	Caries do. ..	...	...	12	...	...	284
393	Mercurial inflammation ...	...	...	...	1	...	23
395 to 409	Irregular dentition	...	...	3	...	...	36
411	Mechanical injuries of the teeth...	...	...	...	...	...	7
412	Glossitis	1	...	2	3	...	19
412	Ulcer of the tongue	...	...	...	...	...	24
414	Aphthous ulcer	...	...	12	...	...	93

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E—(*Continued*).

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	Local Diseases—(*Contd*).						
Digestive System—(*Continued*).							
418	Tongue-tie	...	...	1	...	...	10
419	Sore throat	21	...	52	...	...	224
420	Relaxed throat	...	...	7	...	...	16
421	Ulcerated do.	1	...	2	1	...	52
422	Quinsy...	...	...	6	2	...	31
423	Tonsilitis	26	...	199	13	...	612
425	Enlarged tonsils	...	...	3	1	...	36
426	Elongated uvula	...	...	6	2	...	134
427	Perforation of the palate ...	...	...	...	...	...	5
430a	Cleft palate	1	...	...	...	...	...
431	Pharyngitis	...	...	8	...	...	9
432	Ulcer of the pharynx ...	...	...	...	...	...	8
437	Inflammation of the salivary glands	...	...	...	1	...	4
438	Salivation	1	...	...	4	2	28
439	Abscess of the salivary glands.	...	...	...	...	...	2
440	Salivary fistula	...	...	2	...	...	27
448	Dysphagia	...	...	...	...	...	2
449	Gastritis	...	...	8	2	1	163
450	Chronic ulcer of the stomach.	...	...	...	...	...	3
451	Hæmatemesis...	2	1	1	...	...	20
456	Hernia...	...	...	...	6	2	84
460	Dyspepsia	59	...	1,983	419	7	26,212
461	Gastrodynia	1	...	...	12	...	165
462	Pyrosis	...	...	4	2	...	168
463	Vomiting	1	...	14	...	...	36
464	Enteritis	2	2	1	3	2	14
465	Typhlitis	...	...	...	2	1	5
466	Dysentery	128	8	847	673	135	8,461
467	Ulceration of intestines ...	4	2	...	2	1	3
470	Fœcal abscess	...	...	...	...	...	1
473	Melæna	...	...	...	...	...	7
475	Tympanitis	...	...	18	3	1	48
476	Obstruction	...	...	...	5	2	6
477	Stricture	5	1	...	...	...	...
478	Intussusception	1	...	...	4	3	1
480	Hernia...	7	1	19	53	10	238
483-1	Ascaris lumbricoides... ...	45	...	1,533	79	...	26,931
483-10	Oxyuris vermicularis... ...	...	...	44	1	...	281
483-13	Tænia solium	6	...	17	3	1	55
484	Diarrhœa	100	7	1,729	687	239	10,515
486	Colic	13	...	483	167	2	10,940
487	Constipation	3	...	5,645	25	2	68,953
488	Ulceration	3	...	...	3	1	581
490	Fistula in ano	10	...	11	46	1	283
491	Hæmorrhoids...	20	2	85	70	...	1,165
492	Hæmorrhage from the rectum	...	...	...	...	...	1

E—(*Continued*).

Table showing Summary of the Diseases of In and Out Patients treated, &c.

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		Local Diseases— (*Continued*).						
Digestive System—(*Continued*).	493	Fissure of the anus	...	...	1	3	2	4
	494	Prolapsus do.	3	...	13	9	...	131
	495	Stricture do.	5	...	...	...	...	3
	496	Condyloma of the anus ...	...	...	...	13	...	82
	497	Thread-worm	...	...	...	3	...	30
	501	Hepatitis	35	5	126	57	9	450
	502	Abscess of liver	3	3	...	9	3	8
	504	Simple enlargement of liver...	15	...	28	12	...	76
	506	Cirrhosis	13	4	1	24	7	4
	513	Jaundice	9	1	46	52	5	661
	517	Perforation	...	...	...	...	...	1
	520	Gallstones	...	...	1	2	...	1
	524	Splenitis	3	...	14	139	1	1,124
	526	Congestion of spleen... ...	...	...	16	44	2	98
	528	Hypertophy do.	7	4	5	64	...	467
	531	Peritonitis	7	2	3	18	11	23
	532	Ascites	3	1	2	171	24	314
	536	Enlargement of glands ...	...	...	...	1	...	25
		Total ...	580	43	13,406	2,951	479	165,738
Urinary System.	538	Bright's disease	15	3	11	220	54	126
	539	Nephritis	...	...	1	1	...	6
	541	Pyelitis	...	...	...	1	1	...
	550	Calculus	...	...	...	5	...	14
	553	Hæmaturia renalis	3	...	4	1	...	53
	554	Suppression of urine... ...	4	...	23	4	1	158
	555	Diuresis	2	...	6	9	1	374
	557	Cystitis	4	...	15	14	1	134
	560	Suppuration	...	...	...	1	1	...
	570	Calculus of the bladder ...	...	...	3	11	...	26
	571	Hæmaturia (vesical)... ...	6	...	2	3	...	46
	572	Paralysis of bladder	...	...	...	2	...	5
	573	Irritability do.	...	...	...	1	...	1
	576	Incontinence of urine ...	...	...	9	9	...	101
	577	Retention of urine	2	...	3	25	...	114
	578	Inflammation of the prostrate gland...	...	...	...	1	...	...
	580	Abscess do. ...	...	...	...	...	...	2
	582	Chronic enlargement do.	...	...	...	...	...	1
	585	Gonorrhœa	39	...	238	230	3	5,238
	586	Balanitis	...	1	2	1	...	19
	587	Phimosis	7	1	2	70	...	378
	588	Paraphimosis...	2	...	4	22	...	263
	589	Bubo	7	...	11	169	...	1,581

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E—(*Continued*).

Table showing Summary of the Diseases of In and Out Patients treated, &c.

	Order and Distinguishing Number.	Names of Diseases.	Europeans. In-patients. Treated.	Europeans. In-patients. Died.	Europeans. Out-patients. Treated.	Natives. In-patients. Treated.	Natives. In-patients. Died.	Natives. Out-patients. Treated.
		Local Diseases— (*Continued*).						
Urinary System—(*Contd*).	591	Epididymitis	...	...	...	1	...	42
	593	Condyloma	...	...	12	11	...	20
	594	Gleet	...	...	...	...	...	80
	595	Abscess of the vulva... ...	...	...	...	...	...	26
	596	Stricture of the urethra ...	32	1	30	156	3	1,074
	597	Ulcer do.	...	...	...	1	...	5
	598	Urinary abscess	...	...	...	3	...	1
	599	Urinary fistula	...	...	...	38	2	77
	600	Recto-urethral fistula ...	...	...	...	1	...	1
	601	Extravasation of urine ...	3	1	...	9	4	13
	601*	Impacted calculus	...	...	...	2	...	4
		Total ...	126	7	376	1,022	71	9,983
Male Organs of Generation.	602	Inflammation of penis ...	...	...	...	...	...	4
	604	Gangrene do. ...	...	...	...	2	1	1
	606	Warts on penis	...	...	...	1	...	6
	607	Malformation...	..	...	...	3	...	2
	608	Sloughing of the scrotum ...	...	...	1	23	3	19
	609	Œdema do. ...	...	...	...	...	...	2
	610	Elephantiasis do. ...	11	1	1	50	...	45
	612	Hydrocele of the cord ...	18	...	2	20	...	92
	613	Varicocele	1	...	9	...	...	23
	617	Hydrocele of the tunica vaginalis	1	...	26	40	...	760
	618	Hæmatocele	3	...	...	23	...	13
	620	Orchitis	22	...	54	75	1	1,216
	620*	Epididymitis	...	...	1	...	...	6
	621	Abscess of testicle	...	...	...	2	...	2
	622	Protrusion of tubuli	...	...	...	2	...	1
	625	Cystic disease of testicle ...	...	...	2	...	...	1
	627	Spermatorrhœa	6	...	34	1	...	134
	628	Impotence	...	...	...	...	...	17
	629	Neuralgia of testicle... ...	...	...	...	1	...	...
		Total ...	62	1	130	243	5	2,344
Female Organs of Gen.	630	Inflammation of the ovary ...	1	...	4	2	...	5
	632	Hæmorrhage	...	...	3	...	...	...
	634	Hypertrophy of the ovary ...	...	...	7	...	...	...
	635	Fibrous tumour	2	...	...	2	...	5
	636	Encysted dropsy	2	2	...	7	2	5
	637	Complex cystic tumour ...	...	...	...	10	2	2
	650a	Pelvic peritonitis	1	...	1	3	...	...
	653	Do. hæmatocele	5	...	...	9	...	1
	654	Catarrh of uterus	...	...	14	1	...	16
	655	Inflammation do.	...	...	3	...	...	5

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E—(*Continued*).

Table showing Summary of the Diseases of In and Out Patients treated, &c.

Order and Distinguishing Number.		Names of Diseases.	Europeans. In-patients. Treated.	Europeans. In-patients. Died.	Europeans. Out-patients. Treated.	Natives. In-patients. Treated.	Natives. In-patients. Died.	Natives. Out-patients. Treated.
		LOCAL DISEASES—(*Contd*).						
Female Organs of Generation—(*Continued*).	656	Granular inflammation ...	3	...	11	...	...	5
	657	Abration	...	...	1	3	...	9
	658	Ulcer of the uterus	9	...	7	1	...	3
	661	Stricture of the orifice ...	12	...	1	2	...	1
	662	Do. canal ...	...	...	16	4	...	1
	665	Hypertrophy	8	...	11	3	...	...
	666	Atrophy of the uterus ...	1	...	...	...	...	2
	667	Non-malignant tumour ...	3	1	5	5	...	9
	668*a*	Anteversion of uterus ...	...	...	3	...	...	1
	668*b*	Retroversion do. ...	17	...	27	16	...	12
	668*c*	Anteflexion do. ...	11	...	13	9	...	6
	668*d*	Retroflexion do. ...	13	...	35	10	...	16
	668*f*	Prolapsus do. ...	...	...	14	13	...	4
	670	Catarrh of the vagina ...	3	...	35	20	...	304
	671	Inflammation do. ...	2	...	6	1	...	3
	673	Cicatrix or band	...	...	...	1	...	...
	675	Vesico-vaginal fistula ...	1	...	...	8	...	3
	677*b*	Rectocele	1	...	1	...	...	...
	680	Inflammation of the labia ...	...	...	...	1	...	...
	681	Pruritus	...	...	...	1	...	13
	682	Œdema of the labia	...	...	...	2	...	...
	683	Abscess do. ...	...	...	...	1	...	...
	685	Hypertrophy do. ...	...	...	...	11	...	5
	688	Vascular tumour meatus urinarius	3	...	...	...	...	...
	690	Amenorrhœa	1	...	69	11	...	498
	691	Scanty menstruation ...	1	...	27	...	...	49
	693	Dysmenorrhœa	9	...	151	15	...	1,129
	694	Menorrhagia	7	...	76	6	...	378
	695	Metritis	10	...	11	4	...	19
	698	Hysteralgia	...	...	...	...	...	1
	701	Hæmorrhage...	...	...	...	...	...	2
	702*a*	Prolapsus of uterus	...	...	...	1	...	6
	702*c*	Retroversion do. ...	...	...	...	2	...	3
	703	Abortion	3	...	6	34	3	52
	734	Premature labour	...	...	4	15	1	11
	705	Extra uterine gestation ...	2	...	...	2	...	...
	706	Atony of the uterus... ...	...	...	...	7	...	52
	708	Mechanical obstacle to the action of uterus	...	...	...	10	3	15
	708*v*	Malposition of fœtus ...	...	...	...	2	2	...
	709	Hæmorrhage	...	...	1	1	...	6
	713	Rupture of perineum ...	2	...	2	2	...	...
	714	Retention of placenta ...	...	...	...	2	2	7
	717	Post-partum hæmorrhage ...	...	...	...	1	...	5
	718	Milk fever	...	...	...	1	...	10
	719	Metro-peritonitis	4	1	...	16	6	10
	720	Iliac and pelvic abscess ...	2	1	...	1	1	...

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E—(*Continued*).

Table showing Summary of the Diseases of In and Out Patients treated, &c.

Order and Distinguishing Number.		Names of Diseases.	Europeans. In-patients. Treated.	Europeans. In-patients. Died.	Europeans. Out-patients. Treated.	Natives. In-patients. Treated.	Natives. In-patients. Died.	Natives. Out-patients. Treated.
		LOCAL DISEASES—(*Contd*).						
F. Organs of Gen—(*Contd*).	726	Puerperal mania	1	...	...	2	...	6
	727	Do. convulsions ...	...	...	...	2	2	20
	729	Inflammation of female breast	1	...	1	3	...	13
	730	Abscess of the female breast.	2	...	2	11	...	75
	731	Sinus	...	...	...	1	...	13
	732	Galactorrhoea	...	...	...	1	...	1
	733	Deficiency of milk	...	...	...	...	...	6
	737	Chapped nipple	...	...	...	...	...	1
	738	Ulcerated do.	...	...	1	...	...	5
		Parturition	133	5	7	1,147	52	31
		Vomiting during pregnancy...	...	...	5	...	...	12
		Total ...	276	10	581	1,446	76	2,872
Disease of the Male Mammilla.	751	Inflammation male mamilla...	...	...	...	...	...	3
	752	Hypertrophy do. ...	...	...	...	...	...	7
		Total ...	...	...	...	...	...	10
Organs of Locomotion.	755	Ostitis	3	...	16	37	...	558
	758	Chronic abscess	...	...	...	1	...	...
	759	Caries of bones	1	...	42	71	2	1,030
	760	Necrosis do.	1	...	1	34	3	161
	761	Mollities osseum	...	...	...	1	...	...
	762	Hypertrophy	...	...	...	...	...	1
	763	Atrophy	...	...	...	...	...	1
	765d	Exostotis	...	...	...	2	...	52
	766							
	768 &	Cyst	...	...	...	1	...	...
	769	Synovits	14	...	9	121	3	1,002
	771	Abscess of joints	...	...	...	...	...	6
	772	Ankylosis	...	...	3	12	1	120
	773	Dropsy of joints	...	...	...	1	...	37
	774	Degeneration of cartilage ...	...	...	...	12	...	...
	777	Relaxation of ligaments ...	...	...	...	...	...	1
	779	Knock-knee	...	...	...	...	...	2
	782	Neuralgia of joints	...	...	...	...	...	1
	784	Carries and necrosis of the spine	...	...	1	3	...	9
	785	Iliac abscess	...	...	...	7	1	3
	786	Angular deformity of spine...	...	...	2	2	...	8
	787	Lateral curvature	1	...	...	1	...	2
	788	Anterior do.	...	...	...	...	...	3
	793	Inflammation of muscles ...	...	...	...	1	...	4
	795	Gangrene of the muscles ...	...	...	...	25	7	3
	696	Atrophy do. ...	1	...	1	8	4	22
	797	Progressive muscular atrophy.	...	...	...	...	...	5

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E—(*Continued*).

Table showing Summary of the Diseases of In and Out Patients treated, &c.

Order and Distinguishing Number.		Names of Diseases.	Europeans. In-patients. Treated.	Europeans. In-patients. Died.	Europeans. Out-patients. Treated.	Natives. In-patients. Treated.	Natives. In-patients. Died.	Natives. Out-patients. Treated.
		LOCAL DISEASES—(*Contd*).						
Organs of Locomotion—(*Contd*).	804	Inflammation of tendons ...	...	...	...	...	...	2
	807	Contraction do. ...	1	...	1	12	...	61
	808	Club-foot	...	...	...	...	...	3
	811	Wry neck	...	...	1	1	...	33
	812	Enlarged bursa, patellu ...	...	...	...	...	...	1
	813	Enlarged bursa	...	...	1	...	...	7
	814	Bursal tumour	...	...	...	...	...	29
	816	Bunion	...	...	...	...	...	3
	817	Ganglion	...	...	3	...	...	8
		Total ...	22	...	81	353	21	3,178
Cellular Tissue.	818	Inflammation...	7	...	46	60	1	728
	819	Abscess	107	3	369	670	19	15,208
	820	Inflammatory induration ...	...	...	...	2	...	12
	821	Slough...	...	...	...	1	...	...
	822	Obesity	...	...	1	...	...	2
	825-5	Guinea-worm	9	...	22	100	2	708
	826	Emphysema	...	...	...	...	...	1
		Total ...	123	3	438	833	22	16,659
Cutaneous System.	827	Erythema	2	...	14	...	...	30
	828	Intertrigo	...	...	...	...	...	1
	829	Roseola	...	...	...	...	...	5
	830	Urticaria	1	...	25	2	...	376
	834	Prurigo	1	...	5	6	...	408
	835	Lichen...	2	...	2	4	...	163
	836	Strophulus	...	...	...	...	...	4
	837	Pityriasis	...	...	24	...	...	46
	838	Psoriasis	6	...	54	329	5	4,942
	840	Miliaria	...	...	1	...	...	1
	841	Herpes...	5	...	128	37	...	4,974
	842	Pemphigus	...	...	6	4	...	92
	843	Eczema	15	...	227	54	...	4,133
	844	Impetigo	...	...	22	2	...	292
	845	Rupia	...	...	2	9	...	30
	846	Ecthyma	...	...	3	3	...	49
	847	Acne	1	...	3	1	...	20
	848	Sycosis	...	...	...	1	...	26
	850	Icthyosis	...	...	3	1	...	18
	852	Leucoderma	...	...	3	...	...	139
	855	Melasma	...	...	...	...	...	2
	856	Lentigo and ephelis ...	...	...	...	...	...	3
	859	Ulcer	97	3	1,016	1,426	40	48,859
	860	Fissures	...	...	...	1	...	230
	861	Boil	25	...	425	57	2	12,520
	862	Carbuncle	10	1	4	65	1	567

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E—(*Continued*).

Table showing Summary of the Diseases of In and Out Patients treated, &c.

Order and Distinguishing Number.		Names of Disease.	Europeans. In-patients. Treated.	Europeans. In-patients. Died.	Europeans. Out patients. Treated.	Natives. In-patients. Treated.	Natives. In-patients. Died.	Natives. Out-patients. Treated.
		LOCAL DISEASES—(*Contd*).						
Cutaneous System—(*Contd*).	863, 864	Onychia	3	...	13	5	...	250
	865	Whitlow	5	...	57	15	...	1,329
	866	Gangrene...	...	...	...	14	5	3
	867	Hypertrophy	...	...	...	3	...	22
	868	Corn	...	...	2	1	...	229
	869	Elephantiasis arabum ...	7	...	36	37	1	494
	871	Fibro-cellular tumour ...	...	...	3	19	...	199
	872	Fatty tumour	...	...	5	16	1	161
	873	Nævus	...	...	...	...	...	19
	875	Sebaceous tumour ...	...	...	...	1	...	23
	877	Warts	...	...	12	4	...	447
	878	Condyloma	...	...	2	12	...	53
	879	Molluscum	...	...	...	...	...	5
	880	Cheloid	...	...	...	...	...	7
	881	Framboesia	...	...	...	...	...	4
	884	Ingrown nail	1	...	...	2	...	30
	885	Pruritus	...	...	2	2	...	92
	888	Ringworm	1	...	34	13	...	1,925
	889	Tinea decalvans... ...	...	...	14	2	...	461
	890	Do. favosa	1	...	3	2	...	192
	891	Do. versicolor	...	...	...	1	...	38
	893	Mycetoma	...	...	...	21	...	13
	894	Itch	110	...	898	603	...	36,939
	895	Phthiriasis	...	...	...	..	...	2
	896*a*	Pediculus capitis ...	...	...	...	...	...	6
	900	Irritation caused by stinging insects, &c. ...	...	...	...	11	...	305
		Total ...	292	4	3,048	2,786	55	121,148
Conditions not necessarily associated with General or Local Diseases.	902	Still-born...	3	...	3	8	1	31
	903	Premature birth... ...	...	...	2	26	1	45
	904	Old age	3	...	2	24	13	19
	905	Debility	65	1	593	640	159	5,090
		Total ...	71	1	600	698	174	5,185
Poisons.	906	Arsenic	...	...	...	21	3	1
	907	Mercury	...	...	...	6	1	9
	908	Lead...	1	...	...	...	...	...
	909	Copper	...	...	...	7	...	3
	928	Savin...	...	...	...	5	...	...
	929	Croton oil	...	...	...	...	...	3
	936	Opium	1	...	...	2	...	6
	937	Indian hemp	...	...	...	3	...	8
	938	Alcohol	33	2	19	24	1	51
	943	Stramonium	...	...	...	14	...	5

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E—(*Continued*).

Table showing Summary of the Diseases of In and Out Patients treated, &c.

	Order and Distinguishing Number.	Names of Diseases.	Europeans. In-patients. Treated.	Europeans. In-patients. Died.	Europeans. Out-patients. Treated.	Natives. In-patients. Treated.	Natives. In-patients. Died.	Natives. Out-patients. Treated.
		Local Diseases—(*Contd*).						
Poisons—(*Contd*).	951	Tobacco	1	...	...	...	...	1
	966	Poisonous grain	...	...	...	1	1	...
	985 to 991	Poisoned wounds	2	1	26	47	4	1,745
		Total ...	97	8	45	130	10	1,832
General Injuries.	992	Burns and scalds	12	...	26	124	20	1,558
	994	Multiple injury	...	...	...	20	2	7
	995	Asphyxia	...	...	...	11	...	3
	996	Privation	38	2	...	197	41	9
	997	Exposure to cold	...	...	...	1	1	...
		Total ...	50	2	26	353	64	1,577
Local Injuries.		Contusion	45	...	174	445	9	5,045
		Wounds	40	...	353	1,315	49	11,406
		Gun-shot wounds	...	...	...	16	...	8
		Cut-throat do.	...	...	...	8	2	1
		Sprain...	20	...	186	80	1	3,111
		Fractures	32	1	34	558	50	967
		Dislocations	3	1	6	46	...	348
		Foreign bodies	1	...	68	17	...	1,351
		Concussion of the brain ...	1	...	...	24	5	5
		Blisters of the feet	...	...	...	1	...	23
		Total ...	142	2	821	2,510	116	22,265
		Surgical operations	4	1	17	260	12	1,142
		Not yet diagnosed	37	...	20	169	1	118
		Grand Total ...	3,840	136	32,987	23,651	1,928	588,552

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F.

Table showing the Summary of Surgical Operations on In and Out Patients treated in the Civil Dispensaries and Hospitals in the Madras Presidency during the Year 1872.

Surgical Operations.	Europeans. In-patients. Treated.	Europeans. In-patients. Died.	Europeans. Out-patients. Treated.	Natives. In-patients. Treated.	Natives. In-patients. Died.	Natives. Out-patients. Treated.
Causes not specified	...	...	11	27	...	663
Extraction of teeth	...	...	2	...	...	124
After-operation of cataract	...	...	1	7	...	60
Fracture, simple clavicle	...	...	1	...	...	...
Amputation not specified	1	1	...	22	2	1
Do. of wrist	1	...	...	1	...	...
Do. arm	...	...	...	9	1	9
Do. penis	...	...	...	5	...	...
Do. hand	...	...	...	2	...	...
Do. ankle-joints	...	...	...	1	...	...
Do. knee	...	...	...	3	2	...
Do. finger	...	...	...	12	...	13
Do. toes	...	...	...	9	1	2
Do. leg	...	...	...	14	1	...
Do. shoulder	...	...	...	1	...	...
Do. foot	...	...	...	1	...	...
Do. mycetoma	...	...	...	9	...	...
Do. metacarpal	...	...	...	...	...	1
Do. clitoris	...	...	...	1	...	...
Tumours removed	...	...	1	28	1	96
Foreign bodies in nose, removal of	...	...	...	...	...	26
Do. ear, do.	...	...	...	...	...	34
Do. eye, do.	...	...	...	...	...	8
Do. esophagus, removal of	...	...	...	...	...	4
Do. finger, do.	...	...	...	...	...	1
Do. grain, do.	...	...	...	1	...	...
Do. foot, do.	...	...	...	1	...	3
Do. throat, do.	...	...	...	...	...	1
Operation for wound of scrotum united by suture	...	...	...	1	...	...
Do. groin united by suture	...	...	...	1	...	...
Do. face	...	...	...	...	...	1
Do. scrotum with protrusion of testis	...	...	...	1	...	...
Operation for tenotomy	...	...	...	1	...	...
Do. cicatrix of palm of hand	...	...	...	...	...	1
Do. craniotomy	...	...	...	5	2	2
Do. removal of polypus nasi	...	...	...	...	...	5
Do. pinna	...	...	...	1	...	...
Do. removal of cicatrix	...	...	...	...	...	1
Do. fracture of skull trephining	...	...	...	1	1	...
Do. artificial pupils	...	...	...	1	...	...

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F—(*Continued*).

Table showing the Summary of Surgical Operations on In and Out Patients treated, &c.

Surgical Operations.	Europeans. In-patients. Treated.	Europeans. In-patients. Died.	Europeans. Out-patients. Treated.	Natives. In-patients. Treated.	Natives. In-patients. Died.	Natives. Out-patients. Treated.
Operation for extraction of lens	...	...	...	5	...	...
Do. tridectomy	...	...	...	1	...	...
Do. removal of calculi	...	...	...	1	...	...
Do. laryngotomy	...	...	...	1	...	...
Do. tracheotomy	...	...	...	1	...	...
Do. contraction from burn ...	...	...	...	1	...	...
Do. harelip	...	...	...	1	...	2
Do. fistula in ano	...	...	...	...	...	1
Do. circumcision	...	...	...	...	...	1
Paracent hydrocele	2	...	1	2	...	...
Preternatural labour	...	...	...	1	1	...
Ascitis tapped	...	...	...	2	...	...
Excision of tumour	...	...	...	1	...	...
Do. jaw	...	...	...	4	...	...
Do. thigh	...	...	...	6	...	...
Do. fungoid growth	...	...	...	...	...	1
Do. hyperclitoris and nymph ...	...	...	...	2	...	...
Hydrocele	...	...	...	18	...	17
Phimosis	...	...	...	25	...	21
Torn ear	...	...	...	5	...	10
Paracentisis ovarian	...	...	...	1	...	...
Removal of cancer of breast	...	...	...	4	...	...
Occultation of os uteri	...	...	...	1	...	...
Paraphimosis	...	...	...	1	...	4
Resuscitation of drowned	...	...	...	...	..	1
Fracture of ribs	...	...	...	...	...	1
Venesection	...	...	...	...	...	1
Hæmatocele	...	...	...	4	...	...
Reduction of paraphimosis	...	...	...	2	...	6
Do. dislocation lower jaw... ...	...	...	...	...	...	2
Do. do. hip joint	...	...	...	2	...	...
Do. do. shoulder	...	...	...	...	...	4
Do. hernia	...	...	...	...	...	1
Partus abort	...	...	...	...	...	2
Extension of contracted fingers	...	...	...	...	...	1
Do. stiff joint of do.	...	...	...	...	...	1
Setting of fracture of forearm	...	...	...	...	...	1
Do. do.	...	...	...	1	...	1
Lithotomy	...	...	...	1	...	...
Vaccination	...	...	...	...	...	12
Total ...	4	1	17	260	12	1,142

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G.

For the Year 1874-75.

Statement showing the Average Stay in Hospital of each In-patient in the Year 1874-75 in the Civil Hospitals of the Madras Presidency, the Stay ranging from 3¾ Days at Udipy to 48 Days at Secunderabad.

Hospitals.	Total In-patients treated.	Average Daily Sick.	Average Stay in Hospital.
			DAYS.
Udipy	6	·18	3¾
Caroor	4	·05	4⅛
Tritrapundi	2	·03	5
Herpunhully	2	·76	7⅛
Kundapore	24	·5	7⅛
Vythery	66	9·75	8⅛
Nangunary	61	1·55	9⅛
Uttamapollayum	3	·08	9⅛
Ootacamund	318	8·50	9⅔
Male Asylum	121	3·5	10⅛
Cocanada Seamen's Hospital	33	1	11
Yercaud	64	2	11½
Cuddapah	608	20·26	12
Native Infirmary	2,031	68	12
Coimbatore	415	14·21	12⅛
Anantapore	90	3·20	12⅔
Triplicane	925	32·83	12⅔
Pennacondah	92	3·35	13⅛
Ponnani	241	8·75	13⅛
Tuticorin	185	6·75	13⅛
Adonie	148	5·53	13⅛
Coonoor	135	5	13⅛
Seevagunga	121	4·5	13⅛
Goodalore	268	10·26	13⅔
Namkul	45	1·73	14
Negapatam	179	7	14½
Female Asylum	241	9·75	14⅔
Cannanore	179	7·47	15
Cuddalore	238	9·92	15½
Manargoody	280	12	15⅛
Trichinopoly	424	18	15⅛
Kurnool	228	9·84	15⅔
Nellore	353	15·28	15⅔
Tadpatry	80	3·48	15⅔
Lying-in Hospital, Midwifery	1,230	54·66	16
Ramnad	365	16	16
Vellore	831	36·88	16
Calicut	629	28·25	16½
Cocanada	297	13·5	16⅛
Cuddalore, Old Town	217	9·80	16½
Dindigul	143	6·5	16⅛
Cochin	595	27·59	16⅔
St. Thomas' Mount	76	3·5	16⅔
Bellary	268	12·63	17
Edyangoody	21	1	17⅔
Kamptee	288	13·62	17⅔
Madanapully	490	23·42	17½
Palmanair	317	15	17½
Kimedy	228	11·34	18
Chingleput	178	9	18½
Bhowany	8	1	18⅔
Tripathy	7	·36	18⅔

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G—(*Continued*).

Statement showing the Average Stay in Hospital of each In-patient in the Year* 1874-75, *&c.

Hospitals.	Total In-patients treated.	Average Daily Sick.	Average Stay in Hospital.
			DAYS.
General Hospital	3,526	186·25	19¼
Cumbum	166	9·05	19½
Rajahmundry	288	13	19¾
Vepery	1,002	55	20
Tranquebar	236	12·90	20
Salem	246	13·79	20¼
Pulney	80	4·53	20½
Masulipatam	168	9·64	20¾
Madura	334	19·25	21
Tellicherry	194	11·55	21
Combaconum	278	16·65	21½
Nundial	46	2·75	21¾
Pollachy	319	19·25	22
Erode	11	·68	22½
Berhampore	172	10·84	23
Conjeeveram	297	19	23¼
Ghooty	89	5·69	23¼
Paumben	43	2·75	23¼
Mangalore	213	13·72	23½
Munjeri	698	45·54	23¾
Hospett	139	9·23	24
Eye Infirmary	410	27·35	24¼
Chicacole	147	10	24¾
Bimlipatam	233	16·25	25¼
Lying-in Hospital Dispensary	272	18·84	25¼
Vizagapatam	300	21	25½
Palghaut	212	15·25	26¼
Palamcottah	514	38·84	27¼
Kassergode	22	1·68	27¾
Chittoor	341	26·5	28¼
Tinnevelly	147	11·74	29
Tripatore	7	·58	30
Ramcepett	343	33·5	35½
Sreerungum	178	9·98	36¼
Guntoor	163	16·96	38
Uppinangoody	17	1·80	38½
Secunderabad	242	28·60	43
Ahtoor	..	..	..
Anjengo	..	..	..
Bezwarah	..	..	..
Black Town, North Side	..	..	..
Madras, Black Town, and Royapooram Medical Missions	..	..	..
Chellumbrum	..	..	..
Cheyralah	..	..	..
Collegal	..	..	..
Darampoory	..	..	..
Darapoorum	..	..	..
Datchapully	..	..	..
Ellore	..	..	..
Kadiri	..	..	..
Kodikanal	..	..	..
Kotagherry	..	..	..
Mayaveram	..	..	..
Nazareth	No return received.		

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G—(*Continued*).

Statement showing the Average Stay in Hospital of each In-patient in the Year 1874-75, &c.

Hospitals.	Total In-patients treated.	Average Daily Sick.	Average Stay in Hospital.
			DAYS.
Nellore Branch	..	..	..
Ongole	..	..	..
Oossoor	..	..	..
Palcondah	..	..	..
Paryacolum	..	..	..
Proddatore	..	..	..
Sheally	..	..	..
Streevulliputtoor	..	..	..
Sydapet	..	..	..
Tiruchooly	No return received.		
Tranquebar Branch	..	..	..
Trinomalay	..	..	..
Vinnucondah	..	..	..
Total ..	26,441	15·15	18½

Special Institutions, the In-patients of which, from the Nature of their Disease, make a long Stay in Hospital, the Stay ranging from 57½ Days in the Calicut Leper and Small-pox Hospitals to 243¼ Days in the Palliport Lazaretto.

Hospitals.	Total In-patients treated.	Average Daily Sick.	Average Stay in Hospital.
Calicut Leper and Small-pox Hospitals..	189	29·67	57½
Madras Leper Hospital	316	126·36	145¾
Palliport Lazaretto	45	30	243¼
Total ..	550	62·01	148¾

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H.

Statement showing the Average Cost of dieting* each In-patient in each Civil Hospital of the Madras Presidency in the Year* 1874-75, *the Cost ranging from* 10¼ *Pies at Tadpatry to Rupees* 11-15-10¼ *in the Lying-in Hospital Dispensary.

Hospitals.	Total In-patients treated.	Diet Expense.			*Diet Rate per Patient.			Remarks.
		RS.	A.	P.	RS.	A.	P.	
Tadpatry	80	4	5	0	0	0	10¼	
Dindigul	143	57	10	4	0	6	5¼	
Edyangoody	21	8	8	0	0	6	5½	
Cochin	595	327	12	8	0	8	9¾	
Tuticorin	185	110	11	10	0	9	6¾	
Namkul	45	29	6	0	0	10	5¼	
Cannanore	179	120	6	0	0	10	9	
Tripatore	7	4	13	6	0	11	0¾	
Kundapore	24	19	5	6	6	12	10¾	
Ghooty	89	84	2	0	0	15	1¼	
Pulney	80	85	14	9	1	1	2	
Adonie	148	162	1	3	1	1	6¼	
Pennacondah	92	117	5	4	1	4	4¾	
Ponnani	241	321	11	6	1	5	4¼	
Anantapore	90	121	5	8	1	5	6¾	
Cuddapah	608	856	12	11	1	6	6½	
Kimedy	228	333	5	6	1	7	4½	
Tripathy	7	10	4	0	1	7	5	
Seevagunga	121	184	1	11	1	8	4	
Madanapully	490	772	8	7	1	9	2½	
Vellore	831	1,340	7	8	1	9	9¼	
Negapatam	179	307	4	11	1	11	5½	
Coimbatore	415	730	9	1	1	12	2	
Coonoor	135	240	12	6	1	12	6¼	
Erode	3	5	5	9	1	12	7	8 self-dieted.
Manargoody	280	503	12	0	1	12	9¼	
Kurnool	228	439	7	9	1	14	10	
Uppinangoody	17	36	2	0	2	2	0	
Uttamapollayum	1	2	2	0	2	2	0	2 do.
Native Infirmary	2,031	4,204	2	10	2	1	1¼	
Ramnad	365	756	0	0	2	1	1½	
Conjeeveram	279	587	5	2	2	1	8	18 do.
Paumben	43	93	12	0	2	2	10½	
Yercaud	64	139	15	11	2	2	11¾	
Rajahmundry	238	533	6	1	2	3	10¼	
Chingleput	178	421	5	3	2	5	10¼	
Combaconum	278	671	2	3	2	6	7½	
Palmanair	317	776	4	0	2	7	2	
Pollachy	275	681	6	4	2	7	7½	44 do.
Cuddalore	238	595	14	0	2	8	0½	
Berhampore	172	432	14	7	2	8	3¼	
Hospett..	139	350	2	4	2	8	3½	
Calicut	629	1,589	9	5	2	8	5	
Nellore	336	826	7	7	2	8	6½	17 do.
Munjeri	698	1,788	5	5	2	8	11¾	
Bimlipatam	233	646	7	0	2	12	4½	
St. Thomas' Mount	63	182	6	1	2	14	3¾	13 do.
Trichinopoly	359	1,057	3	6	2	15	1¼	65 do.
Cuddalore, Old Town.. ..	189	558	7	4	2	15	3¼	28 do.
Bellary	268	804	5	7	3	0	0	
Secunderabad	242	738	11	8	3	0	10	
Lying-in Hospital, Midwifery.	1,230	3,812	7	11	3	1	7	

* Obtained by dividing the total diet expenditure (after deducting the amount on that account at Dharapooram, where no in-patients treated) by the total number of such in-patients as have the diet rate shown against them.

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H—(*Continued*).

Statement showing the Average Cost of dieting* each In-patient in each Civil Hospital of the Madras Presidency in the Year* 1874-75, *the Cost ranging from* 10¼ *Pies at Tadpatry to Rupees* 11-15-10¼ *in the Lying-in Hospital Dispensary.

Hospitals.	Total In-patients treated.	Diet Expense.			* Diet Rate per Patient.			Remarks.
		RS.	A.	P.	RS.	A	P.	
Palghaut	193	605	7	2	3	2	2¼	19 self-dieted
Cocanada	282	885	15	2	3	2	3	15 do.
Sreerungum	133	418	1	3	3	2	3¼	45 do.
Chicacole	147	486	10	3	3	5	3½	
Tranquebar	236	793	1	10	3	5	9	
Mangalore	213	730	5	4	3	6	10¼	
Ootacamund	318	1,100	5	1	3	7	4¼	
Vizagapatam	300	1,060	9	0	3	8	6¾	
Masulipatam	168	594	4	7	3	8	7	
Goodalore	250	906	0	5	3	9	11¾	18 do.
Salem	246	891	11	8	3	9	11¾	
Madura	334	1,214	12	2	3	10	2¼	
Kamptee	288	1,095	15	7	3	12	1½	
Triplicane	863	3,257	2	7	3	12	4½	62 do.
Palamcottah	487	1,932	7	10	3	15	5¾	27 do.
Kassergode	22	89	6	0	4	1	0	
Raneepett	343	1,408	14	5	4	1	8½	
Tinnevelly	132	573	8	10	4	5	6¼	15 do.
Chittoor	341	1,517	7	3	4	7	2	
Nundial..	46	250	0	0	5	6	11¼	
Guntoor..	163	1,042	12	5	6	6	4¼	
Cocanada Seamen's Hospital .	33	253	2	9	7	10	9	
Vepery	1,002	8,089	10	9	8	1	2	
Eye Infirmary	410	4,116	15	11	10	0	8	
General Hospital	3,526	40,063	10	8	11	5	9½	
Lying-in Hospital Dispensary	272	3,261	11	4	11	15	10¼	
Bhowany	8	..	..	..	..	..	..	
Caroor	4	..	..	..	..	..	..	
Cumbum	166	..	..	..	..	..	..	
Female Asylum	241	..	..	..	..	..	..	
Herpunhully	2	..	..	..	..	..	..	
Male Asylum	121	..	..	..	..	..	..	
Nangunary	61	..	..	..	..	..	..	
Tellicherry	194	No statement received.						
Tritrapundi	2	..	..	..	..	..	..	
Udipy	6	..	..	..	..	..	..	
Vythery	66	..	..	..	..	..	..	
Ahtoor	..	..	..	..	..	..	..	
Anjengo	..	..	..	..	..	..	..	
Bezwarah	..	..	..	..	..	..	..	
Black Town, North Side ..	..	..	..	..	..	..	..	
Madras, Black Town, and Royapoorum Medical Missions ..	..	..	..	..	..	..	..	
Chellumbrum	..	..	..	..	..	..	..	
Cheyralah	..	..	..	..	..	..	..	
Collegal	..	..	..	..	..	..	..	
Dharapoorum	..	6	12	0	..	..	..	
Darampoory	..	..	..	..	..	..	..	
Datchapully	..	..	..	..	..	..	..	
Ellore..	..	..	..	..	..	..	..	
Kadiri..	..	..	..	..	..	..	..	
Kodikanal	..	..	..	..	..	..	..	

* Obtained by dividing the total diet expenditure (after deducting the amount on that account at Dharapoorum, where no in-patients were treated) by the total number of such in-patients as have the diet rate shown against them.

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H—(*Continued*).

Statement showing the Average Cost of dieting* each In-patient in each Civil Hospital of the Madras Presidency in the Year* 1874-75, *the Cost ranging from* 10½ *Pies at Tadpatry to Rupees* 11-15-10½ *in the Lying-in Hospital Dispensary.

Hospitals.	Total In-patients treated.	Diet Expense.			* Diet Rate per Patient.			Remarks.
		RS.	A.	P.	RS.	A.	P.	
Kotagherry	..	..	..	..	..	..	..	
Mayaveram	..	..	..	..	..	..	..	
Nazareth	..	No statement received.						
Nellore Branch	..	..	..	..	..	..	..	
Ongole	..	..	..	..	..	..	..	
Oossoor	..	..	..	..	..	..	..	
Paloondah	..	..	..	..	..	..	..	
Paryacolum	..	..	..	..	..	..	..	
Proddatore	..	..	..	..	..	..	..	
Sheally..	..	..	..	..	..	..	..	
Streevulliputtoor	..	..	..	..	..	..	..	
Sydapet	..	..	..	..	..	..	..	
Tiruchooly	..	No statement received.						
Tranquebar Branch	..	..	..	..	..	..	..	
Trinomalay	..	..	..	..	..	..	..	
Vinnukondah	..	..	..	..	..	..	..	
Total ..	26,045	1,06,233	8	5	4	3	6	

* Obtained by dividing the total diet expenditure (after deducting the amount on that account at Dharapoorum, where no in-patients were treated) by the total number of such in-patients as have the diet rate shown against them.

Special Institutions, the Diet Cost ranging from Rupees* 20-14-2 *in the Calicut Leper and Small-pox Hospitals to Rupees* 38-9-0¼ *in the Madras Leper Hospital.

Hospitals.	Total In-patients treated.	Diet Expense.			Diet Rate per Patient.		
		RS.	A.	P.	RS.	A.	P.
Calicut Leper and Small-pox Hospitals ..	189	3,947	8	1	20	14	2
Palliport Lazaretto	45	1,465	8	0	32	9	0¼
Madras Leper Hospital	316	12,172	4	11	38	9	0¼
Total ..	550	17,585	5	0	31	15	9¼

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Statement showing the Average Cost per In-patient in each Civil Hospital in the Madras Presidency for the Year* 1874-75, *excluding in this calculation the Out-patients on whom falls only a part of the Cost for Medicines, the Cost ranging from Rupees* 1-0-2½ *in the Male Asylum to Rupees* 809-2-1½ *at Caroor.*

Hospitals.	Total In-patients treated.	Total Expenditure. RS.	A.	P.	*Rate per Patient. RS.	A.	P.
Male Asylum	121	122	8	0	1	0	2¼
Vellore	831	3,232	13	6	3	14	2¾
Female Asylum	241	1,194	5	3	4	15	3½
Native Infirmary	2,031	12,277	11	10	6	0	8½
Ponnani	241	1,768	8	6	7	5	4¾
Cochin	595	4,592	15	8	7	11	6
Cumbum	166	1,340	1	1	8	1	2
Munjeri	698	5,922	10	8	8	7	9
St. Thomas' Mount	76	771	1	1	10	2	3¾
Kimedy	228	2,366	14	10	10	6	1
Cuddapah	608	6,418	11	2	10	8	10¾
Chingleput	178	1,949	3	6	10	15	2½
Palghaut	212	2,373	1	4	11	3	1
Seevagunga	121	1,378	0	8	11	6	2½
Nellore	353	4,049	3	7	11	7	6¼
Cocanada Seamen's Hospital	33	408	0	11	12	5	10
Coimbatore	415	5,219	6	8	12	9	2½
Tranquebar	236	3,075	4	8	13	0	5¾
Rajahmundry	238	3,113	0	0	13	1	3¼
Mangalore	213	2,809	8	7	13	3	0½
Adonie	148	1,971	1	7	13	5	1
Palmanair	317	4,274	9	4	13	7	9
Hospett	139	1,891	1	5	13	9	8
Berhampore	172	2,374	5	9	13	12	9¾
Vizagapatam	300	4,187	12	5	13	15	4
Madanapully	490	6,870	13	10	14	0	4
Calicut	629	8,908	1	3	14	2	7
Chittoor	341	4,894	7	8	14	5	7¾
Triplicane	925	13,549	15	9	14	10	4½
Kurnool	228	3,359	8	0	14	11	9
Tadpatry	80	1,185	6	3	14	13	0¾
Vythery	66	982	7	10	14	14	2½
Pollachy	319	4,763	7	0	14	14	11
Palamcottah	514	7,697	8	5	14	15	7¼
Tinnevelly	147	2,231	8	7	15	2	10½
Negapatam	179	2,722	14	7	15	3	5½
Cocanada	297	4,544	15	0	15	4	10
Secunderabad	242	3,708	8	8	15	5	2¼
Raneepett	343	5,370	7	8	15	10	6
Masulipatam	168	2,639	1	5	15	11	4
Ramnad	365	5,765	5	9	15	12	8½
Coonoor	135	2,184	9	11	16	2	11
Cannanore	179	2,908	2	2	16	3	11
Goodalore	268	4,426	5	10	16	8	3
Ootacamund	318	5,304	10	1	16	10	10¾
Cuddalore	238	3,978	0	2	16	11	5
Vepery	1,002	17,654	14	7	17	9	10¾
Tuticorin	185	3,267	14	3	17	10	7½
Dindigul	143	2,576	8	7	18	0	3¼
Kamptee	288	5,312	9	10	18	7	1½

* Obtained by dividing the total expenditure (after deducting the expenditure of those hospitals where no in-patients were treated) by the total number of in-patients treated.

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Statement showing the Average Cost* per In-patient in each Civil Hospital in the Madras Presidency for the Year 1874-75, excluding in this calculation the Out-patients on whom falls only a part of the Cost for Medicines, the Cost ranging from Rupees 1-0-2¼ in the Male Asylum to Rupees 809-2-1⅛ at Caroor.

Hospitals.	Total In-patients treated.	Total Expenditure.			*Rate per Patient.		
		RS.	A.	P.	RS.	A.	P.
Bellary	268	4,998	15	9	18	10	6¼
Pulney	80	1,501	9	7	18	12	3¾
Chicacole	147	2,774	7	10	18	13	11
Pennacondah	92	1,769	3	5	19	3	8¼
Cuddalore, Old Town	217	4,433	3	4	20	6	10¼
Conjeveram	297	6,410	7	10	21	9	4
Yercaud	64	1,414	7	8	22	1	7½
Herpunhully	2	45	11	0	22	13	6
Manargoody	280	6,493	3	6	23	3	0⅛
Combaconum	278	6,630	9	9	23	13	7½
Anantapore	90	2,150	0	0	23	14	2⅜
Sreerungum	178	4,380	13	3	24	9	9½
Nangunary	61	1,567	1	4	25	11	0¾
Ghooty	89	2,315	3	6	26	0	2⅜
Trichinopoly	424	11,547	6	8	27	3	9
Lying-in Hospital, Midwifery	1,230	33,824	4	8	27	7	11¾
Salem	246	6,889	4	0	28	0	0¾
Guntoor	163	4,979	5	2	30	8	9
Namkul	45	1,469	4	7	32	10	4¾
Nundial	46	1,520	0	0	33	0	8¾
General Hospital	3,526	1,17,696	6	4	33	6	0¾
Lying-in Hospital Dispensary	272	9,588	2	11	35	4	0
Bimlipatam	233	8,576	8	8	36	8	7¾
Bhowany	8	375	15	7	46	15	8¾
Madura	334	19,649	7	10	58	13	3½
Eye Infirmary	410	26,391	14	11	64	5	11
Edyangoody	21	1,364	4	6	64	15	5¼
Paumben	43	3,209	15	7	74	10	0¼
Kundapore	24	1,988	4	0	82	13	6
Kassergode	22	2,132	0	5	96	14	6⅜
Uppinangoody	17	1,789	13	5	105	4	6⅜
Erode	11	1,487	11	7	135	3	11⅜
Udipy	6	1,214	10	3	202	7	0½
Tripathy	7	1,768	10	8	252	10	8
Tripatore	7	2,031	5	8	290	3	1
Uttamapollayum	3	1,081	7	10	360	7	11¼
Tritrapundy	2	1,360	5	10	680	2	11
Caroor	4	3,236	8	6	809	2	1⅛
Ahtoor	..	826	3	7	..	..	..
Anjengo	..	585	4	6	..	..	..
Bezwarah	..	1,011	7	2	..	..	..
Black Town, North Side	..	924	14	2	..	..	..
Chellumbrum	..	1,364	6	6	..	..	..
Cheyralah	..	417	10	1	..	..	..
Collegal	..	775	10	5	..	..	..
Dharampoory	..	884	15	10	..	..	..
Darapoorum	..	1,413	1	2	..	..	..
Datchapully	..	504	13	1	..	..	..
Ellore	..	1,436	9	10	..	..	..
Kadiri	..	824	15	11	..	..	..

* Obtained by dividing the total expenditure (after deducting the expenditure of those hospitals where no in-patients were treated) by the total number of in-patients treated.

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I—(*Continued*).

Statement showing the Average Cost per In-patient in each Civil Hospital in the Madras Presidency for the Year 1874-75, excluding in this calculation the Out-patients on whom falls only a part of the Cost for Medicines, the Cost ranging from Rupees* 1-0-2¼ *in the Male Asylum to Rupees* 809-2-1½ *at Caroor.*

Hospitals.	Total In-patients treated.	Total Expenditure.	*Rate per Patient.
		RS. A. P.	RS. A. P.
Kodikanal	..	530 9 6	.. .. ..
Kotagherry	..	3,781 8 10	.. .. ..
Mayaveram	..	1,159 12 1	.. .. ..
Nazareth	..	No statement received.	
Nellore Branch	..	3,105 15 8	.. .. ..
Ongole	..	1,056 11 11	.. .. ..
Oossoor	..	2,105 10 6	.. .. ..
Palcondah	..	1,313 0 9	.. .. ..
Paryacolum	..	694 5 7	.. .. ..
Proddatore	..	3,357 5 5	.. .. ..
Sheally	..	1,267 12 7	.. .. ..
Streevulliputtoor	..	565 4 11	.. .. ..
Sydapett	..	1,181 12 10	.. .. ..
Tellicherry	194	No statement received.	
Tiruchooly	..	Do.	do.
Tranquebar Branch	..	513 11 9	.. .. ..
Trinomalay	..	713 1 11	.. .. ..
Vinnukondah	..	420 12 2	.. .. ..
Madras, Black Town, and Royapooram Medical Missions.	..	.. .. ..	.. .. ..
Total ..	26,441	5,50,686 5 1	19 11 8½

Special Institutions, the Rate per Patient ranging from Rupees 52-14-10½ *in the Calicut Leper and Small-pox Hospitals to Rupees* 61-11-11¼ *in the Madras Leper Hospital.*

Hospitals.	Total In-patients treated.	Total Expenditure.	Rate per Patient.
		RS. A. P.	RS. A. P.
Calicut Leper and Small-pox Hospitals ..	189	7,003 14 7	52 14 10½
Palliport Lazaretto	45	2,600 3 11	57 12 6½
Madras Leper Hospital	316	19,512 1 10	61 11 11¼
Total ..	550	29,116 4 4	52 15 0

* Obtained by dividing the total expenditure (after deducting the expenditure of those hospitals where no in-patients were treated) by the total number of in-patients treated.

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K.

Statement showing the Average Cost of Medicines* for each Patient (In and Out included) in each Civil Hospital of the Madras Presidency in the Year 1874-75, the Cost ranging from 0¾ Pie at Streevulliputtoor to Rupees 4-6-6¾ at Bimlipatam.

Hospitals.	Total In and Out Patients treated.	Total Cost of Medicines. RS.	A.	P.	Average Cost per Patient.* RS.	A.	P.
Streevulliputtoor..	1,319	6	2	2	0	0	0¾
Palcondah..	2,740	38	10	1	0	0	2¾
Sydapet	6,800	128	0	7	0	0	3½
Oossoor	8,419	229	3	6	0	0	5
Conjeeveram	14,771	467	15	2	0	0	6
Kimedy	12,215	428	15	9	0	0	6½
Masulipatam	7,090	246	12	0	0	0	6½
Tinnevelly	5,651	203	6	9	0	0	6¾
Manargoody	9,658	356	9	11	0	0	7
Sreerungum	11,782	454	3	6	0	0	7½
Ponnani	2,627	107	15	11	0	0	7¾
Tadpatry	3,977	161	5	9	0	0	7¾
Chingleput	5,360	229	10	8	0	0	8
Ramnad	11,148	468	10	4	0	0	8
Chellumbrum	3,807	170	5	6	0	0	8½
Cuddalore..	11,069	494	11	4	0	0	8½
Nellore Branch	6,522	317	9	0	0	0	9¼
Ongole	3,093	153	15	4	0	0	9½
Tritrapundi	7,588	369	7	3	0	0	9½
Erode	3,518	176	6	4	0	0	9½
Vellore	8,088	428	5	7	0	0	10
Seevagunga	6,324	361	5	6	0	0	10¾
Secunderabad	8,267	492	10	0	0	0	11¼
Mayaveram	2,260	124	4	1	0	0	11½
Madura	18,491	1,149	3	6	0	0	11¾
Ghooty	1,967	123	3	10	0	1	0
Vepery	10,143	652	5	9	0	1	0¼
Hospett	3,841	254	5	7	0	1	0½
Vinnukondah	564	39	12	6	0	1	1½
Dindigul	8,279	598	13	0	0	1	1¾
Nellore	4,395	317	9	0	0	1	1¾
Udipy	1,800	129	8	0	0	1	1¾
Namkul	2,572	191	0	11	0	1	2¼
Nandial	5,314	400	0	0	0	1	2½
Rajahmundry	4,367	340	15	0	0	1	2¾
Negapatam	7,991	633	2	11	0	1	3
Cumbum	6,086	485	15	4	0	1	3¼
Edyangoody	4,083	337	12	5	0	1	3¾
Combaconum	7,848	664	11	10	0	1	4¼
Triplicane..	21,598	1,836	0	2	0	1	4¼
Tranquebar	3,182	272	8	4	0	1	4½
Adonie	5,872	519	9	6	0	1	4¾
Darapoorum	3,669	324	0	1	0	1	4¾
Trichinopoly	18,286	1,641	6	7	0	1	5
Dharampoory	2,924	269	1	5	0	1	5½
St. Thomas' Mount	3,670	340	1	11	0	1	5¾
Trinomalay	3,139	298	5	7	0	1	6
Mangalore..	7,333	702	7	8	0	1	6½
Salem	10,155	1,012	14	11	0	1	7
Nangunary	3,102	313	6	7	0	1	7½
Uttamapollayum..	2,489	253	1	6	0	1	7½
Yercaud	1,470	149	15	6	0	1	7½

* Obtained by dividing the total expenditure for medicines by the total number of such patients only as have the medicine cost shown against them.

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K—(*Continued*).

Statement showing the Average Cost of Medicines for each Patient (In and Out included) in each Civil Hospital of the Madras Presidency in the Year 1874-75, the Cost ranging from 0¾ Pie at Streevulliputtoor to Rupees 4-6-6¾ at Bimlipatam.*

Hospitals.	Total In and Out Patients treated.	Total Cost of Medicines. RS.	A.	P.	Average Cost per Patient.* RS.	A.	P.
Kotagherry	1,219	128	10	0	0	1	8¼
Ootacamund	7,366	808	14	8	0	1	9
Caroor	6,877	765	1	0	0	1	9¼
Berhampore	2,522	283	13	8	0	1	9½
Tuticorin	10,355	1,180	14	8	0	1	9¾
Kamptee	12,895	1,489	5	11	0	1	10
Cochin	8,873	1,034	2	3	0	1	10¼
Munjeri	4,908	571	15	5	0	1	10¼
Anantapore	3,786	457	14	0	0	1	11
Vizagapatam	7,549	924	7	1	0	1	11½
Palmanair	6,123	764	0	0	0	1	11¾
Kurnool	10,076	1,279	11	0	0	2	0¼
Anjengo	340	43	13	1	0	2	0¼
Cuddalore, Old Town	6,015	769	7	11	0	2	0½
Palamcottah	6,939	893	12	7	0	2	0½
Pennacondah	4,028	517	1	7	0	2	0½
Tripathy	5,144	665	8	2	0	2	0¾
Chittoor	10,556	1,383	4	0	0	2	1
Coimbatore	11,022	1,482	4	8	0	2	1¾
Madanapully	9,053	1,269	3	10	0	2	2¾
Bellary	7,465	1,053	0	9	0	2	3
Chicacole	4,161	602	15	0	0	2	3¾
Female Asylum	241	39	9	4	0	2	7¼
Uppinangoody	1,031	172	14	1	0	2	8
Eye Infirmary	3,080	519	14	0	0	2	8¾
Pollachy	5,613	983	7	6	0	2	9½
Kassergode	1,837	329	2	0	0	2	10¼
Lying-in Hospital Dispensary ..	10,053	1,820	12	5	0	2	10¾
Tripatore	4,412	860	13	4	0	3	1¼
Calicut	11,868	2,369	1	7	0	3	2¼
Palghaut	2,582	521	15	3	0	3	2¾
Sheally	1,785	360	15	11	0	3	[illegible]
Cuddapah	15,636	3,245	3	0	0	3	3¾
Kundapore	1,948	406	3	3	0	3	4
Tranquebar Branch	1,808	382	10	11	0	3	4½
Raneepett	6,504	1,384	9	7	0	3	4¾
Ahtoor	1,223	269	1	5	0	3	6
Goodalore	2,246	496	0	6	0	3	6¼
Coonoor	2,170	487	1	0	0	3	7
Paumben	3,769	731	3	1	0	4	2¼
Cocanada	3,266	898	1	1	0	4	4¾
Proddatore	4,785	1,722	6	10	0	5	9
Ellore	2,496	991	3	0	0	6	5
Kadiri	877	365	6	7	0	6	7½
General Hospital..	15,608	7,542	0	4	0	7	8¾
Native Infirmary	2,031	1,036	0	3	0	8	1¼
Guntoor	3,449	1,869	9	11	0	8	8
Cannanore	3,725	2,172	1	5	0	9	3¾
Collegal	316	254	12	5	0	12	10¾
Male Asylum	121	122	8	0	1	0	2¼
Calicut Leper and Small-pox Hospitals.	189	269	10	1	1	[illegible]	3½

* Obtained by dividing the total expenditure for medicines by the total number of such patients only as have the medicine cost shown against them.

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K—(*Continued*).

Statement showing the Average Cost of Medicines* for each Patient (In and Out included) in each Civil Hospital of the Madras Presidency in the Year 1874-75, the Cost ranging from 0¼ Pie at Streevulliputtoor to Rupees 4-6-6¾ at Bimlipatam.

Hospitals.	Total In and Out Patients treated.	Total Cost of Medicines.	Average Cost per Patient.*
		RS. A. P.	RS. A. P.
Lying-in Hospital, Midwifery ..	1,230	1,820 12 5	1 7 8
Leper Hospital	343	831 11 9	2 6 9½
Palliport Lazaretto	45	190 8 4	4 3 8¾
Bimlipatam	233	1,027 11 2	4 6 6¾
Beswarah	2,635	.. .. ..	.. .. ..
Bhowany	221	.. .. ..	.. .. ..
Black Town, North Side	9,643	.. .. ..	.. .. ..
Madras, Black Town, and Royapooram Medical Missions.	19,815	.. .. ..	.. .. ..
Cheyralah	267	.. .. ..	.. .. ..
Cocanada Seamen's Hospital	33	.. .. ..	.. .. ..
Datchapully	940	.. .. ..	.. .. ..
Herpunhully	227	.. .. ..	.. .. ..
Kodikanal	832	.. .. ..	.. .. ..
Nazareth		No statement received.	
Paryacolum	4,879	.. .. ..	.. .. ..
Pulney	3,151	.. .. ..	.. .. ..
Tellicherry	3,771	No statement received.	
Tiruchooly	601	No statement received.	
Vythery	..	.. .. ..	.. .. ..
Total ..	648,530	75,732 7 11	0 2 0

* Obtained by dividing the total expenditure for medicines by the total number of such patients only as have the medicine cost shown against them.

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L.

Statement showing the Average Cost of Wines and Spirits for each In-patient in each Civil Hospital of the Madras Presidency during the Year* 1874-75, *the Cost ranging from* 2¼ *Pies at Cochin to Rupees* 1-3-11¼ *in the Madras General Hospital.*

Hospitals.	Total In-patients treated.	Total Cost of Wines and Spirits. RS.	A.	P.	Average Cost per Patient.* RS.	A.	P.
Cochin	595	8	13	10	0	0	2¼
Palliport Lazaretto	45	0	12	0	0	0	3
Ponnani	241	6	12	0	0	0	5½
Palghaut	212	7	0	0	0	0	6½
Conjeeveram	297	11	0	4	0	0	7
Ramnad	365	14	4	0	0	0	7¼
Vizagapatam	300	11	10	0	0	0	7½
Munjeri	698	36	8	8	0	0	10
Adonie	148	8	0	0	0	0	10½
Kurnool	228	12	14	0	0	0	10¾
Madanapully	490	30	0	0	0	0	11¾
Kimedy	228	15	0	0	0	1	0½
Secunderabad	242	15	15	9	0	1	0½
Sreerungum	178	11	14	0	0	1	0¾
Cuddapah	608	44	0	8	0	1	1¾
Cuddalore	238	17	9	0	0	1	2
Pollachy	319	23	10	0	0	1	2
Coimbatore	415	32	4	8	0	1	2¾
Cocanada	297	23	14	0	0	1	3¾
Rajahmundry	238	20	12	0	0	1	4½
Cannanore	179	21	6	0	0	1	10¾
Raneepett	343	41	0	0	0	1	10¾
Triplicane	925	111	0	0	0	1	11
Yercaud	64	9	3	9	0	2	3½
Palamcottah	514	77	2	0	0	2	4¾
Coonoor	135	20	8	10	0	2	5½
Berhampore	172	28	11	10	0	2	8
Salem	246	47	11	4	0	3	1
St. Thomas' Mount	76	15	10	10	0	3	3½
Manargoody	280	61	15	0	0	3	6¼
Trichinopoly	424	97	9	9	0	3	8
Kamptee	288	67	2	0	0	3	8¾
Cuddalore, Old Town	217	54	2	0	0	3	11¾
Masulipatam	168	43	4	0	0	4	1½
Chicacole	147	42	12	0	0	4	7¾
Dindigul	143	42	0	0	0	4	8½
Bellary	268	80	4	8	0	4	9½
Ootacamund	318	95	12	0	0	4	9¾
Tinnevelly	147	46	8	0	0	5	0½
Goodalore	268	89	13	6	0	5	4½
Erode	11	3	12	0	0	5	5½
Lying-in Hospital, Midwifery	1,230	471	4	9	0	6	1½
Bimlipatam	233	118	1	8	0	8	1½
Combaconum	278	142	12	5	0	8	2½
Native Infirmary	2,031	604	3	8	0	8	9
Vepery	1,002	686	0	0	0	10	11½
Eye Infirmary	410	292	2	0	0	11	4¾
Guntoor	163	164	11	11	1	0	2
Lying-in Hospital Dispensary	272	314	3	3	1	2	5¾
General Hospital	3,526	4,398	1	10	1	3	11¼
Ahtoor	..	..	..	..	..	..	..
Anantapore	90	..	..	..	..	..	..

* Obtained by dividing the total expenditure for wines and spirits (after deducting the amount on that account as Dharapoorum, where no in-patients were treated) by the total number of such in-patients only as have the wine charge shown against them.

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L—(*Continued*).

Statement showing the Average Cost of Wines and Spirits* for each In-patient in each Civil Hospital of the Madras Presidency during the Year* 1874-75, *the Cost ranging from 2¼ Pies at Cochin to Rupees* 1-3-11¼ *in the Madras General Hospital.

Hospitals.	Total In-patients treated.	Total Cost of Wines and Spirits. RS. A. P.	Average Cost per Patient.* RS. A. P.
Anjengo	..	.. .. ..	.. .. ..
Beswarah	..	.. .. ..	.. .. ..
Bhowany	8	.. .. ..	.. .. ..
Black Town, North Side	..	.. .. ..	.. .. ..
Madras, Black Town, and Royapooram Medical Missions.	..	.. .. ..	.. .. ..
Calicut	629	.. .. ..	.. .. ..
Calicut Leper and Small-pox Hospitals..	189	.. .. ..	.. .. ..
Caroor	4	.. .. ..	.. .. ..
Chellumbrum	..	.. .. ..	.. .. ..
Chingleput	178	.. .. ..	.. .. ..
Cheyralah	..	.. .. ..	.. .. ..
Chittoor	341	.. .. ..	.. .. ..
Cocanada Seamen's Hospital	33	.. .. ..	.. .. ..
Collegal	..	.. .. ..	.. .. ..
Cumbum	166	.. .. ..	.. .. ..
Darampoory	.	.. .. ..	.. .. ..
Dharapoorum	..	6 12 0	.. .. ..
Datchapully	.	.. .. ..	.. .. ..
Edyangoody	21	.. .. ..	.. .. ..
Ellore	..	.. .. ..	.. .. ..
Female Asylum	241	.. .. ..	.. .. ..
Ghooty	89	.. .. ..	.. .. ..
Herpunhully	2	.. .. ..	.. .. ..
Hospett	139	.. .. ..	.. .. ..
Kadiri	..	.. .. ..	.. .. ..
Kodikanal	..	.. .. ..	.. .. ..
Kassergode	22	.. .. ..	.. .. ..
Kotagherry	..	.. .. ..	.. .. ..
Kundapur	24	.. .. ..	.. .. ..
Leper Hospital	316	.. .. ..	.. .. ..
Madura	334	.. .. ..	.. .. ..
Male Asylum	121	.. .. ..	.. .. ..
Mangalore	213	.. .. ..	.. .. ..
Mayaveram	..	.. .. ..	.. .. ..
Namkul	45	.. .. ..	.. .. ..
Nazareth	No statement received.		
Negapatam	179	.. .. ..	.. .. ..
Nellore	353	.. .. ..	.. .. ..
Do. Branch	..	.. .. ..	.. .. ..
Nundial	46	.. .. ..	.. .. ..
Nangunary	61	.. .. ..	.. .. ..
Ongole	..	.. .. ..	.. .. ..
Oossoor	..	.. .. ..	.. .. ..
Palcondah	..	.. .. ..	.. .. ..
Palmanair	317	.. .. ..	.. .. ..
Paryacolum	..	.. .. ..	.. .. ..
Paumben	43	.. .. ..	.. .. ..
Pennacondah	92	.. .. ..	.. .. ..
Proddatore..	..	.. .. ..	.. .. ..
Pulney	80	.. .. ..	.. .. ..
Seevagunga	121	.. .. ..	.. .. ..

* Obtained by dividing the total expenditure for wines and spirits (after deducting the amount on that account at Dharapoorum, where no in-patients were treated) by the total number of such in-patients only as have the wine charge shown against them.

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L.—(*Continued*).

Statement showing the Average Cost of Wines and Spirits for each In-patient in each Civil Hospital of the Madras Presidency during the Year 1874-75, the Cost ranging from 2¾ Pies at Cochin to Rupees 1-3-11¼ in the Madras General Hospital.*

Hospitals.	Total In-patients treated.	Total Cost of Wines and Spirits.			Average Cost per Patient.*		
		RS.	A.	P.	RS.	A.	P.
Sheally	..	..	..	..	..	..	..
Streevulliputtoor	..	..	..	..	..	..	..
Sydapet	..	..	..	..	..	..	..
Tadpatry	80	..	..	..	..	..	..
Tellicherry..	194	No statement received.					
Tiruchooly..	..	Do.			do.		
Tranquebar	236	..	..	..	..	..	..
Do. Branch	..	..	..	..	..	..	..
Trinomalay	..	..	..	..	..	..	..
Tripathy	7	..	..	..	..	..	..
Tripatore	7	..	..	..	..	..	..
Tritrapundi	2	..	..	..	..	..	..
Tuticorin	185	..	..	..	..	..	..
Udipy	6	..	..	..	..	..	..
Uppinangoody	17	..	..	..	..	..	..
Uttamapollayam	3	..	..	..	..	..	..
Vellore	831	..	..	..	..	..	..
Vinnucondah	..	..	..	..	..	..	..
Vythery	66	..	..	..	..	..	..
Total ..	26,991	8,648	5	11	0	6	7½

* Obtained by dividing the total expenditure for wines and spirits (after deducting the amount on that account at Dharapoorum, where no in-patients were treated) by the total number of such in-patients only as have the wine charge shown against them.

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M.

The Death-rate amongst the In-patients in the several Hospitals and Dispensaries was in 1874-75 as under, ranging from 1 in every 2·00 in Udipy to 1 in 121·00 in Seevagunga.

Hospitals.	Of the Treated 1 Death in every	Hospitals.	Of the Treated 1 Death in every
Udipy	2·00	Ghooty	12·71
Nundial	2·70	Sreerungum	12·71
Tripathy	3·50	Salem	13·66
Tripatore	3·50	Cumbum	13·83
Calicut Leper and Small-Pox	4·29	Palamcottah	13·89
Hospitals.		Hospett	13·90
Mangalore	5·32	Chicacole	14·70
Guntoor	5·43	Chittoor	14·82
Erode	5·50	Rajahmundry	14·87
Kamptee	5·87	Nangunary	15·25
Berhampore	5·93	Coimbatore	15·37
Paumben	6·14	Conjeeveram	15·63
St. Thomas' Mount	6·90	Uppinangoody	17·00
Trichinopoly	6·95	Pulney	17·21
Palghaut	7·06	Anantapore	18·00
Palliport Lazaretto	7·50	Palmanair	18·6[illegible]
Secunderabad	7·80	Masulipatam	18·66
Cocanada	7·81	Manargoody	20·00
Kurnool	7·86	Kimedy	20·72
Native Infirmary	7·96	Edyangoody	21·00
Bhowany	8·00	Munjeri	21·15
Kundapore	8·00	General Hospital	21·36
Yercaud	8·00	Lying-in Hospital, Midwifery	21·96
Tuticorin	8·04	Kassergode	22·00
Tinnevelly	8·16	Pollachy	22·78
Chingleput	8·90	Raneepett	22·86
Coonoor	9·00	Vellore	24·44
Leper Hospital	9·29	Vizagapatam	25·00
Goodalore	9·57	Cuddalore	26·44
Triplicane	9·63	Tadpatry	26·66
Tellicherry	9·70	Dindigul	28·6[illegible]
Lying-in Hospital Dispensary.	9·71	Cuddapah	28·9[illegible]
Calicut	9·82	Bimlipatam	29·12
Cochin	10·08	Cuddalore, Old Town	31·00
Bellary	10·30	Tranquebar	33·71
Cannanore	10·53	Madanapully	35·00
Ootacamund	10·96	Ramnad	40·55
Vepery	11·01	Namkal	45·00
Adonie	11·38	Pennacondah	46·00
Madura	11·51	Seevagunga	121·00
Nellore	11·76		
Negapatam	11·93	Average..	16¼
Combaconum	12·63		

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PUBLIC DEPARTMENT.

Proceedings of the Madras Government.

Read letter from the Surgeon-General, Indian Medical Department :—
(Here enter 24th July 1876, No. 436.)

Order thereon, 31st August 1876, No. 981.

The extremely late date on which this Report on the Civil Dispensaries for the year 1874-75 has been received renders it useless to review it in detail. The Surgeon-General will explain the cause of such excessive delay.

2. The information recorded regarding the origin and progress up to date of the various Civil Hospitals and Dispensaries is of a valuable nature; it would have been convenient, however, if some general remarks under this head had been collected and inserted in the body of the report. With regard to the length of the extracts from the sub-reports, the Surgeon-General should bear in mind that these have already been printed *in extenso* either in the Proceedings of the Board of Revenue, or in those of the Government, as forming part of the reports sent up by the Local Fund and Municipal Boards; the extracts appear in the present case to be unnecessarily long. It appears that in some cases the medical reports which have been sent up to Government through the Local Boards are not fac-similes of the reports sent in to the Surgeon-General; the Governor in Council desires that this may be attended to in future.

3. In the Report on Civil Dispensaries next sent in it will be desirable to give particulars in the body of the report regarding the percentage of each principal disease to total cases treated, the proportion of different castes among patients, the statistics of diet among in-patients, and the cost per head of in and out patients. The opportunity should be taken for giving an explanation of the arrangements now subsisting between Government and local bodies for the upkeep of those institutions; of the arrangements for the management of the dispensary branch of the hospital system; and of the status of the Medical Officers in charge of the institutions, with the work done by them. The subject of hospital and dispensary buildings should also be noticed.

4. The Surgeon-General will state when the report for 1875-76 may be expected. As the detailed reports of these institutions reach

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Government through the Local Boards within a month or two after the close of each year, there appears no reason for the delay that has hitherto been observable in the production of the Surgeon-General's annual volume. If the report on Civil Dispensaries were submitted in proper time there would be no occasion for the separate preparation of a report on the Indian Medical Department.

(True Extract.)

W. HUDLESTON,
Chief Secretary.

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